

welcome
pharmacy
beauty
food & drink
by a child

RPSGB tells DH to pay for GPC and college

Lord Hunt dodges questions on wholesaling deals

- Win a signed Damien Hirst book
- Data expanded in C+D Price List revamp

Warm, dry and clear conditions increase levels of atmospheric pollen¹

Get prepared for the 2007 hayfever season

Reference: 1. Parikh A, Scadding GK.
1997; 314: 1392.

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30

chlorphenamine

pri





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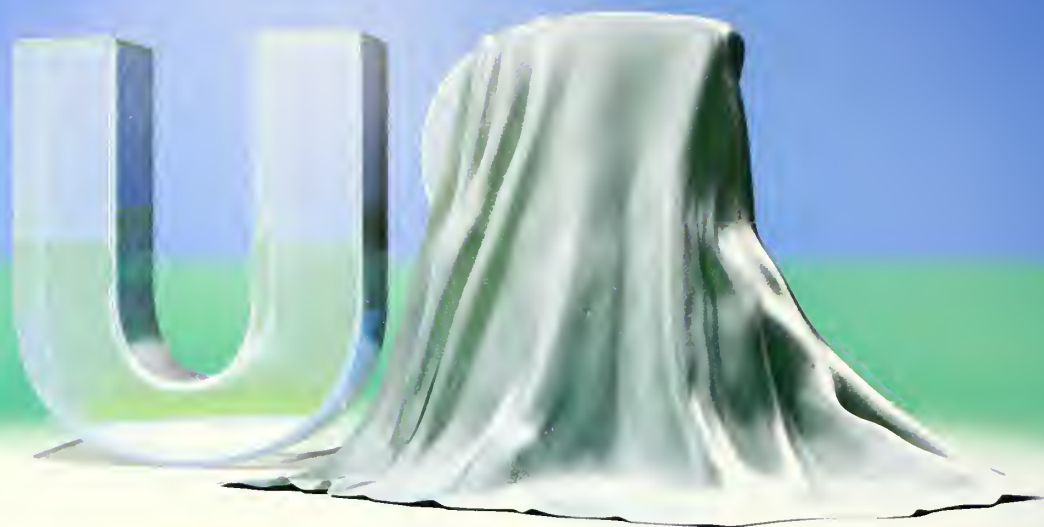
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News

RPSGB to hire independent chairman

The Society is to hire an independent chairman to find out what pharmacists want from a professional leadership body

C+D Price List upgraded in data overhaul

C+D has upgraded its data services enabling access to product information from the Monthly Price List free online

Unfit pharmacists to work in UK under EC plan?

RPSGB Council members are concerned sub-standard European pharmacists could be allowed to work in the UK

Opinion

Get out there and get lobbying

Pharmacist and Lib Dem MP Sandra Gidley says pharmacists should be making their presence felt

Clinical

Case study: lymphoedema

How to manage the condition, plus compression garments

Possible Parkinson's role for calcium-channel blocker

Isradipine may have a role in extending effects of L-Dopa

Products & Marketing

Aquafresh adds minty option

A minty mouthwash targets this fast growing category

Features

Going for an MoT

Diagnostic testing can help pharmacists meet the challenge of customers who want to be proactive with their health

The Pink Plonker

A hot summer's day, eating outdoors, an easy-drinking wine – what more could you want?

Classified & recruitment

Star job

A community pharmacy group in the Nottinghamshire area is looking for two full-time/part-time dispensing assistants

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RPSGB seeks independent chair to deliver royal college wish list

RPSGB searches for 'authority' figure to analyse what pharmacists want

Max Gosney

The Royal Pharmaceutical Society is to hire an independent consultant to investigate what pharmacists want from a professional leadership body.

The move comes as Lambeth looks to build popular support for its plans to become the central force in a future pharmacy royal college.

RPSGB president Hemant Patel said: "The Council has agreed that an independent chairman should be identified to engage with key stakeholders. Here is a call to members to make sure that their voice is heard. I recognise the right of 47,000 members to have a say on the body they want formed."

The successful candidate will be a non-pharmacist recognised as an 'authority voice' by the profession and government, according to the RPSGB president.

Lambeth will call on other pharmacy organisations to help fund the appointment, he added.

He said: "We'll expect them to open their cheque books."

However, possible backers appeared unaware of the initiative. Ian Simpson, chief executive of the College of Pharmacy Practice, told C+D: "They haven't been in contact with us. I'm surprised they've made these comments publicly before contacting the organisations asking them to chip in. But, as an idea, it's fine."

The independent chairman will be charged with delivering an analysis of RPSGB members' views by this autumn, the Society confirmed.

The Society is also planning its own research to gather the opinions of members.



We insist: the DH must pay the bill for creating a GPC and royal college, says the Society

Society says government must pay for GPC and college

The Royal Pharmaceutical Society has demanded the Department of Health foots a potential £3.2 million bill for splitting its dual regulatory and leadership role.

"It's right and proper the DH should pay because they are instigators of this unfair and discriminatory action," Hemant Patel told C+D.

"If the DH does not have a legal obligation to pay then they have a moral one," he added.

The RPSGB president accused Westminster of misleading Lambeth over its policy on pharmacy regulation. Mr Patel said: "They led us down the garden path. Three years ago we were encouraged to have an integrated role, now they've changed their mind."

Why should the members now pay?"

The comments follow a government white paper outlining the formation of a General Pharmaceutical Council to regulate pharmacists and a royal college-type body to set professional standards. The bodies could cost from £3.2m to £5.2m to set up, according to analysis by NERA consulting for the DH (C+D, May 26, p4)

The RPSGB has set its sights on evolving into the profession's royal college, but called for financial support in fulfilling the role.

"As a voluntary organisation we will need some financial support from government. There are precedents where other healthcare regulators have received money," Mr Patel added. **MG**

Pharmacy in switch fight

Pharmacy stakeholders have given evidence to the UK medicines regulator on how the industry can combat crystal meth abuse without losing control over the sale of pseudoephedrine and ephedrine medicines.

Trade representatives including the NPA, CCA and Royal Pharmaceutical Society gave a presentation to the MHRA during a special meeting held this week, C+D understands.

All three organisations have backed C+D's Stop the Switch campaign, which calls on the MHRA to abandon plans to reclassify affected medicines as POM and work with pharmacy bodies to tighten control over sales.

The government claims a POM switch will prevent criminals buying multiple packs of pseudoephedrine and ephedrine from pharmacies to make crystal meth.

However, overinvesting to prevent a crystal meth outbreak could lead UK drugs tsars to miss other emerging drug threats, a key medical publication has suggested.

Anti-drugs chiefs should invest in educating the public about harms and screening programmes for early use, in an integrated approach that tackles substance misuse as a whole, a US professor of psychiatry, Tracy Gunter, said in the June 9 edition of the BMJ. **MG/AC**



Law firm's error log warning

The RPSGB has come under fire for using dispensing errors recorded by pharmacists as evidence for disciplinary charges.

Law firm Charles Russell said it was aware of two cases where the Society's inspectors had used minor mistakes recorded in a pharmacy error logbook to bring charges of misconduct.

Noel Wardle, a solicitor at the firm who advises in disciplinary proceedings, said the Society could

not expect errors to be dutifully recorded if pharmacists did not feel safe in recording their mistakes.

"It's counterproductive; the purpose of recording errors is to allow proper clinical governance in the pharmacy and there should be a 'no blame' culture."

"But that doesn't sit comfortably with the Society flicking through their error log when they come to inspect and using that as evidence for misconduct."

The RPSGB declined to comment on Mr Wardle's remarks, but said it was working towards decriminalising dispensing errors.

Richard Smyth of Stalbridge Pharmacy in North Dorset said the reports didn't surprise him but that it would deter pharmacists from recording dispensing errors.

"You've got to learn from your mistakes and there's no point worrying about things that have happened in the past." **EW**

There's still time to support C+D's Stop the Switch campaign. Visit www.dotpharmacy.com/stoptheswitch and start signing patients up



Lord Hunt: "inappropriate to comment"

Minister dodges DTP

Lord Hunt ducked questions on direct to pharmacy distribution deals at the British Association of Pharmaceutical Wholesalers' conference last week.

The pharmacy minister said it would be "inappropriate to comment" during the ongoing OFT study into distribution of NHS medicines. The government is "very interested in the quality and efficiency of medicines distribution", Lord Hunt told BAPW delegates.

However, he refused to be drawn on questions from BAPW executive director Martin Sawyer on manufacturer led distribution, and the high number of wholesaler dealer licences issued by the MHRA.

The pharmacy minister also called "for stiffer penalties for counterfeit medicine dealers" after three fake drug discoveries in the supply chain this month. **PG**

Direct distribution won't stop fake drugs

Patrick Grice

Direct to pharmacy distribution schemes such as those adopted by Pfizer and AstraZeneca will have no impact on removing counterfeit medicines from the supply chain, claims a leading supply chain expert.

Keith Davies, UK logistics manager at Pro-Strackan, told the BAPW last week that DTP schemes would result in a "distortion of power with big pharma exerting excessive influence".

He warned that the loss of the current 'mixed economy' of high volume/low cost and low volume/high cost products carried by wholesalers meant there was a risk distribution costs overall would increase. The viability of niche products from smaller manufacturers was under threat.

A single supplier system increased the risk of catastrophic failure, he

said, and meant a loss of choice and competition. However, he added that wholesalers had contributed to the divisions currently facing the supply chain by becoming involved in the supply of parallel imports.

Mr Davies acknowledged that the "genie was out of the bottle" with regard to DTP schemes and there would be no going back. But change should be ordered and not in the interests of corporate minorities, he said.

Mr Davies called for a moratorium on the signing of new agreements until the OFT has completed its report into medicines distribution later this summer.

Pfizer said that although its DTP scheme will not eradicate counterfeit medicines completely, it does provide a secure channel where pharmacists can be confident of receiving genuine Pfizer products.

Bleak future under changes

Independent pharmacies face job cuts and a loss of home delivery services unless the OFT takes action against manufacturer led drug distribution, the IPF has warned.

Citing the terms of the Pfizer discount scale, the IPF claims that smaller margins for independents will trigger cutbacks in patient services.

The warning comes in the IPF's response to the OFT study into drugs distribution. Community Pharmacy Scotland also criticises DTP models in its response to the study. "Large pharmaceutical companies will be able to dictate policy and terms to government, wholesalers and pharmacies," CPS said. **AC**

Win a coffee maker!

As well as getting the top stories in pharmacy and clinical updates direct to your inbox, when you sign up for C+D's free email news service in June you will be entered into a prize draw for a Krups expert coffee machine.

Simply register your details at www.dotpharmacy.com/newsbulletins



Diagnostic training

Look out for the second module of Patient Monitoring in Practice (PMP) in your C+D this week, which looks at anticoagulant monitoring. The module covers the pharmacology of warfarin, achieving target INRs, loading and maintenance dosing, and managing risk.

There are seven modules in the Patient Monitoring in Practice course. They are being delivered monthly with C+D. If you missed module one, download a PDF from the C+D website at www.dotpharmacy.com – and while you are there, why not sign up for C+D's free email newsletter?

To get involved in the course all you need to do to is work through the modules each month, and then complete the course assessment in module seven. The cost of assessment is £150.

Patient Monitoring in Practice is part of the Medway School of Pharmacy's short course pathway, and is worth 10 academic credits. The course aims to provide underpinning knowledge for a range of services that community pharmacists might provide. The course is delivered in association with PSNC and supported by a grant from Apotex UK Ltd.



British artist Damien Hirst is teaming up with C+D to tempt pharmacists to feature in his latest project. Mr Hirst is offering contractors in Greater London the chance to win a signed book if they help him complete a photographic record of every pharmacy in the area. So far, over 1,700 have been pictured for the Pharmacy

London book including the Wellington Pharmacy at Knightsbridge. But a few city contractors are proving elusive, said a spokeswoman. The artist will give away a signed copy of a book on his creation of a diamond encrusted skull to contractors who come forward. To be photographed call 020 7637 3994 and speak to Robyn Katkhuda

Get lobbying, says Sandra Gidley
See page 11

Data expanded in C+D Price List revamp

Historic reference source brought up to date for pharmacists

Tom Hawkins

C+D has completed an upgrade of its data services that enables pharmacists to access better and more comprehensive product information.

The database, which has been used as a reference since 1860, has been upgraded as part of a three-year project to safeguard the production of the Monthly C+D Price List. It has been enhanced to include detailed information to support developments such as ETP and dispensing robots.

Core data on 75,000 products, including Pip codes, pack sizes and prices, is now available through a paid-for electronic feed or free at a new website – www.cddata.co.uk. The printed Monthly Price List will continue to be distributed with C+D.

The electronic feed, which will be provided through IT system suppliers, is available as EPoS for those specialising in front of the shop, or Rx for those concentrating on dispensary items. End user licence fees are £10 per month and £12.50 respectively.

Discussions are underway with suppliers to implement the new feeds over the next nine months.

David Watkinson, director of C+D Data, said: "Given new technology developments such as 2D barcoding and RFID tags, these changes mean the C+D Price List provides better information now but, more importantly, is prepared to support pharmacists' needs in the future."

Pharmacists can view the enhanced dataset free online for an initial trial period. Subsequent access will cost

£10 per month and subscribers can register and pay online.

More information is available at www.dotpharmacy.co.uk/data

The C+D Price List – what's new

- Downloadable pdfs of the most recent changes (up to three months)
- EAN barcodes (the black and white striped barcode visible on most packs these days)
- AMPP codes (the codes used by the DM+D on electronic prescriptions)
- Physical pack dimensions (useful in conjunction with robots and planogramming systems)
- Historical pricing
- Legal categories
- Formulations

News in brief

Cartoon help for men

A cartoon character from the creators of the comic Viz could be key to tackling serious illness in men, experts claimed at the launch of Men's Health Week in Gateshead last week. The 'Idle Eric' character features in a health guide launched by South Tyneside PCT.



Fit enough

Responding to a consultation on the performers list review, the RPSGB, NPA and CCA have told the Department of Health that there is no justification for the operation of a parallel system of fitness to practise for pharmacists at local level.

NCSO endorsements

The Department of Health and the National Assembly for Wales have agreed to allow NCSO (no cheaper stock obtainable) endorsements for the following items for June prescriptions: diamorphine 5mg, 100mg, and 500mg injection ampoules; mefenamic acid 250mg capsules; and bisacodyl 5mg e/c tablets.

Simon Colebeck

Numark managing director Simon Colebeck has begun treatment for lung cancer, the company has announced. He plans to continue in his role at Numark.

Boots adds in-store GPs

Boots has indicated there are around 150 stores that could accommodate an in-store GP surgery, mirroring the GP practice in situ in its Poole branch. A spokesman said: "If GPs want to improve accessibility by using the high street then we are happy to have a constructive dialogue."

New Crohn's treatment

Abbott has launched a tumour necrosis factor antagonist adalimumab (Humira) indicated for treatment of severe, active Crohn's disease. Trials have shown that the fully-human TNF antagonist is effective in patients who have lost response to the existing anti-TNF treatment infliximab, or who are unable to tolerate it. Adalimumab is injected fortnightly using a pre-filled pen.



Public health minister Caroline Flint last week launched Lloyd's pharmacy's Stop Smoking service at the company's pharmacy in Vauxhall, south London. Lloyd's managing director, Justin Ash, pictured here, back, with Ms Flint and dispensing assistant Faheem Abdul Haziz, said: "The smoking ban comes in on July 1, so the minister is very supportive of services in relation to that. Community pharmacists have a big role to play because we're very accessible"

Pharmacy being 'overlooked'

The Company Chemists'

Association has expressed disappointment with a government blueprint for future healthcare commissioning.

The document, Commissioning Framework for Health and Wellbeing, reflected the fact that community pharmacy was often ignored by commissioners, the CCA said. "The CCA believes the authors of this document have overlooked

community pharmacy as an actual and potential contributor to the development of new services," it said.

Georgina Craig, head of communication at the CCA, said commissioners needed to think in terms of where services should be provided from, rather than who providers should be. "It's about a more consumer-led approach to commissioning," she explained, "focusing on the end user and where

they are – and then who is best-placed to deliver the service."

Responding to the CCA's comments, a DH spokesperson said that the document recognised the potential contribution of community pharmacists in commissioning accessible care. "The document was for consultation, rather than being a definitive statement of policy," the spokesperson said. JR

at times when
breakthrough cravings
occur, strike back with
nicorette® Combination Therapy
nicotine

- 1 in 2 smokers using **nicorette® Combination Therapy** had successfully stopped smoking at 6 weeks¹
- nicorette® Combination Therapy** is up to 50% more effective than monotherapy at 12 weeks^{1,2}
- For smokers who have used a single form of NRT before but need help to manage breakthrough cravings³



for every cigarette there's a nicorette

Nicorette Patch Product Information: **Presentation:** Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Initially one 15mg patch daily for 8 weeks. Dose should be reduced to 10mg for 2 weeks and then 5mg for a further 2 weeks. Adults who use NRT beyond 9 months should seek advice from a healthcare professional. **Adolescents (12 to 18 years):** As per adult, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Erythema may occur. If severe or persistent, discontinue treatment. Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, pheochromocytoma, generalised dermatological disorders, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy and lactation:** Only after consulting a healthcare professional. **Side effects:** Erythema, itching, urticaria, headache, nausea, vomiting, GI discomfort, dizziness, palpitations, reversible atrial fibrillation. See SPC for further details. **RRP (ex-VAT):** 15mg packs of 7: (£9.07), 10mg packs of 7: (£9.07), 5mg packs of 7: (£9.07). **Legal category:** GSL. **PL holder:** Pharmacia Limited, Ramsgate Road, Sandwich, Kent. CT13 9NJ. **PL numbers:** 0032/0292, 0293, 0294. **Date of preparation:** March 2007. **Nicorette Gum Product Information:** **Presentation:** Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg of nicotine respectively in a chewing gum base. Original, Mint, Freshmint and Freshfruit flavours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. Used to help smokers ready to stop smoking immediately and also smokers who need to cut down their cigarette use before stopping. **Dosage: Adults (over 18 years):** No more than 15 pieces of gum should be used each day. Use when there is an urge to smoke. Patients smoking 20 or less a day should use 2mg gum. Those smoking more than 20 should use 4mg gum. Each piece should be chewed slowly for about 30 minutes. **Smoking cessation:** Patients should stop smoking

during treatment. After up to 3 months ad libitum dosage, Nicorette gum use should be gradually reduced. Those who use NRT beyond 9 months should consult a healthcare professional. **Smoking reduction:** Use the gum between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready but no later than 6 months. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. **Adolescents (12 to 18 years):** No more than 15 pieces of gum should be used each day. **Smoking cessation:** After 8 weeks ad libitum dosage, reduce gum use over 4 weeks. If not stopped by 12 weeks, a healthcare professional should be consulted. **Smoking reduction:** Only after consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Denture wearers, GI disease, unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, pheochromocytoma, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. See SPC for further details. **RRP (ex VAT):** 2mg gum (30) £3.25, (105) £8.89, (210) £14.82; 4mg gum (30) £3.99, (105) £10.83, (210) £18.24. **Legal category:** GSL. **PL numbers:** Original 2mg 00032/0248, 4mg 0032/0249; Mint 2mg 0032/0250, 4mg 0032/0251; Freshmint 2mg 0032/0283, 4mg 0032/0295, Freshfruit 2mg 15513/0136, 4mg 15513/0137. **PL holder:** Pharmacia Ltd, Ramsgate Rd, Sandwich, Kent. CT13 9NJ. **Date of preparation:** March 2007. **References:** 1. Puska P, Korhonen HJ, Vartiainen E, et al. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. *Tobacco Control*. 1995;4:231-35. 2. Kornitzer M, Boutsen M, Dramaix M, et al. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. *Prev Med*. 1995;24:41-47. 3. Action on Smoking and Health. Guidance for Health Professionals on changes in the licensing arrangements for Nicotine Replacement Therapy. December 2005. **Date of preparation:** March 2007

News in brief

Diabetes screening

UniChem is to roll out its diabetes screening package, following a successful trial. The £150 package combines a Roche Accu-Chek diabetes screening kit with training and promotional materials.

Chlamydia resource

The NPA and Community Pharmacy Wales have produced a resource document to help community pharmacy leaders secure commissioning of chlamydia testing and treatment services in Wales. www.npa.co.uk/members

Numark training dept

Numark has created a training department to identify and provide for the career development needs of members. Director of professional services Mimi Lau said the setup ensured the company's commitment to member support. www.numarkpharmacists.com

Actavis bid rejected

Generics company Actavis has rejected a takeover bid by Novator, an investment firm led by Actavis chairman Bjorgolfur Thor Bjorgolfsson. The Actavis board of directors did not consider the offer to be fair.

Patient power

An independent website for patients to share NHS experiences has gone live across the UK. The www.patientopinion.org.uk site also contains information from over 50 subscribing NHS trusts, PCTs, SHAs and patient groups.

Scottish drug pipeline

A £35 million drug discovery centre is to open at Strathclyde University by 2010. The Institute of Pharmacy and Biomedical Sciences will focus on health priority areas including understanding the immune system.

Honorary degree

Terry Healey, head of the school of pharmacy at the Robert Gordon University, Aberdeen, has received an honorary degree from Malaysia's International Medical University.

Lloyds acquisition

Lloydspharmacy managing director Justin Ash has expressed his delight at the Office of Fair Trading's conditional clearance of the company's proposed £60 million acquisition of the Independent Pharmacy Care Centre

Unfit pharmacists to work in UK under EC plan?

» RPSGB Council members rally against European Directive

Gavin Atkin

Council members at the Royal Pharmaceutical Society have expressed grave concern over proposals that could allow sub-standard or rogue pharmacists from Europe to work in the UK.

Council members fear that European Directive 2005/36/EC for Health and Social Care Professions in the UK will require the Society to accept pharmacists from the EC without requirements to show completed CPD or demonstrate skills in written and spoken English.

Concerns that pharmacists who

had been disciplined for professional transgressions and were unable to work in their home countries might be able to find work in the UK were raised at last week's RPSGB Council meeting.

The DH consultation on implementation of the Directive was announced last month and closes on August 17. The Directive comes into force in October, and the Society will need to have a robust and legal method of dealing with applications from the EC by that date.

Lay Council member Alan Kershaw argued that there were real safety issues involved, as "no other

European country is as advanced in its requirement for CPD".

"This directive goes to the heart of what professional regulation is all about," he added.

Other Council members said that deciding whether an incoming pharmacist had adequate English could not be left to employers.

Following an impassioned debate about the best way to communicate their concerns about the issue, the Council voted to seek the views of other health professional regulatory bodies and to consider a unified campaign on the issue.

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Hament Chavda, director of Sherman Chemists in Newham, London, gets a delivery from the pharmacy's new dispensing robot. The ARX machine, which was installed as part of a major shop fit at the Numark pharmacy, is the first in community pharmacy to include a MAX2 unit that dispenses fast moving lines. Mr Chavda says the robot will free up staff to spend more time with patients, boost MUR numbers and provide new services, such as chlamydia testing and weight management. Look out for C+D's feature on robotics in the June 30 issue

Independents say Pfizer is rationing

Fifteen per cent of independent pharmacies claim that under its new distribution scheme Pfizer has tried to restrict the amount of its lines they can order.

Reporting the results of a survey of 330 independents at a meeting of the British Association of Pharmaceutical Wholesalers last week, Independent Pharmacy Federation chief executive David Wood said direct to pharmacy schemes are neither efficient nor effective. However, Pfizer dismissed the findings as "biased".

A spokesperson said: "This is yet another example of biased surveys designed by opponents of our scheme to discredit our new distribution arrangements."

The IPF survey reported:

- 67 per cent of independents claim there has been a deterioration in service levels and 87 per cent say they are receiving lower discounts.
- 75 per cent say changes to the delivery on Pfizer lines have impacted on the ability to provide a service to patients.
- 41 per cent have thought about making changes to their wholesaler accounts since the scheme's launch.
- 52 per cent feel their ability to compete has been hindered.

UniChem said the findings of the IPF survey contrasted with its own research. **PG**

Pharmacist in the House

Get out there and get lobbying

Now is the time for pharmacists to make their presence felt, says C+D columnist Sandra Gidley



College". A pharmacist had relayed concerns to him that the Royal Pharmaceutical Society would not be allowed to transform itself into this body.

There seems to be an emerging feeling that many would like to see the best bits of the Society retained and the dead wood culled.

This is for the profession to decide but it has to decide the broad principles quickly and then define the fine detail. I shall scream if I hear one more pharmacist say "but we can't decide yet because we haven't got all the detail".

The Society needs to lead on this, but we all need to keep things

moving along. We must decide the future direction of our profession and lobby like mad to make sure that the proposal made by Lord Carter will deliver the best possible results for the profession and the public.

Sandra Gidley, pharmacist and Lib Dem MP

A pharmacist is indisputably an expert in medicines but an MP is frequently an expert in nothing, yet is supposed to have an opinion on everything.

In my seven years as an MP I have learnt about a wide variety of things including how to recycle pig manure, strange anomalies in tax law, stem cell research and how to manufacture contact lenses. The list may seem random and whacky but the common theme is that all of these topics were initially the subject of a visit to my surgery or were the result of an invitation to visit somewhere in my constituency. Quite simply, I was lobbied.

So, I was not surprised when I read that Jim Devine MP, at a recent meeting, ventured the thought that pharmacists are useless at lobbying. Is he being unfair?

When asked to speak to groups of pharmacists, I often ask how many know who their MP is. Most people raise their hands at this point. Far fewer pharmacists have written to an MP and a tiny proportion have actually taken the time to visit an MP or invite him or her to visit their pharmacy.

Jim Devine is Scottish so was most probably not lobbied when the OFT reviewed control of entry a few years ago. At that time a large number of MPs were very successfully lobbied by community pharmacists. It was fairly obvious that some livelihoods were at stake if there was a complete relaxation of the rules.

So, we know that pharmacists are capable of lobbying, and doing it successfully, if there is a strong enough motivation. But, with all the changes going on within the NHS and at Lambeth, let's make sure that we are not sleep walking into oblivion.

This week I received an email from another MP asking about the proposed plans for the "body akin to a Royal

HIGH POLLEN COUNTERED FAST.

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- Supporting you this season with a £3M campaign including TV and outdoor.

*IRI Market Value Sales MAT to February 2007



The fastest acting allergy capsule.

Benadryl Allergy Relief (GSL) Product Information: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Also chronic idiopathic urticaria. Dosage: Adults and children aged 12-65 years: one capsule up to 3 times a day. Contraindications: Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. Precautions: Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. RRP (ex-VAT): 12s. £3.70 Legal category: GSL. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. PL number: 15513/0128 Date of preparation: March 2005.

Making the most of data

C+D's Price List has had a makeover. **David Watkinson** explains how you can benefit

Since man has had the ability to record facts and figures, data has helped inform practically every aspect of our lives. Most theories, strategies and decisions are based on the analysis of data. Typically, the weaker the data, the poorer the result but, conversely, the stronger the data the more valuable the conclusions we draw from it.

For the Department of Health, the collection, manipulation and interpretation of data is fundamental to the way the NHS is managed. That dependency cascades throughout the health service to include all of primary care and, of course, pharmacy.

Pharmacies and data

Management of drug pricing, patient safety and prescription activities are examples of the government's thirst for knowledge through data. Increasing amounts of information mean that pharmacists must also embrace technology and data analysis to operate efficiently and profitably.

The days when information was limited to reference books and paper-based documents have been superseded to a large extent by a dependence on hardware and software.

The hardware – tills, scanners, printers, computers, modems etc, connected together with seemingly unending miles of cables – is driven by software programs that provide instructions for manipulating data. Whether the task is to write a label, send an order to a supplier or interpret a barcode to reflect a price, it is the program that tells the machines what to do and when.

And the data? Well, without data neither the programs nor the hardware can operate. This comes from a number of sources but the most common are:

- the keyboard or till or scanner – this is live data being added during a processing activity
- the computer's own memory – data stored in the system because it is accessed on a regular basis.

Within pharmacy those system data files might include product descriptions, sizes, weights, manufacturer names, ordering codes, barcodes, formulations, prices, legal codes and a growing list of other detailed information.

The provision of data to pharmacies is a complex business and invisible to most system users. Normally, it is the system suppliers who take responsibility for providing regular updates to the data files. They go to great lengths to ensure the accuracy of the content of those data files, which



The C+D Price List website has been enhanced with additional data – www.cddata.co.uk

What does C+D Price List now offer?

- A single standardised data source with data-feeds direct from manufacturers
- Accurate, up-to-date data on 75,000 products
- On average C+D Data processes some 500 updates per week, which means C+D Data provides the reliability needed by business
- Access to data not previously published for answering ad hoc queries



With a powerful new campaign and heavyweight TV support

Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7OR UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Indications: For the relief of backache, rheumatism and strains. Also for pain relief in non-serious arthritic conditions. Directions: Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Three times daily. Contraindications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where there is a history of asthma, rhinitis or urticaria. Not to be used on broken skin or where there is infection or other skin disease. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 16 years of age.

are drawn from a wide variety of sources.

One such example is the C+D Price List, which has been used by practically every pharmacy in the UK as an authoritative and versatile source of data since 1860.

Changes at C+D

Until recently the computer database underpinning the C+D Price List dated back to the 1980s. As with all legacy technologies, it was becoming increasingly difficult to maintain and was not capable of being developed to meet the growing data demands of today's and, more particularly, tomorrow's, technology.

C+D took the decision to invest heavily in new programs to safeguard the future of the C+D Price List database. This resulted in three years of development, which culminated in April this year when the first printed Price List was produced from the new database.

So, what has changed?

Subscribers will continue to receive the monthly Price List, as well as weekly updates within C+D, as usual. However, the data is now available free at the new website – www.cddata.co.uk. This provides access to existing information such as product descriptions, Pip codes and pricing.

Importantly, the dataset has also been enhanced to include valuable additional data not previously available. Visitors who wish to dig a little deeper can now access:

- downloadable pdfs of the most recent changes (up to three months)
- EAN barcodes – the black and white striped

barcode visible on most packs

- AMPP codes – the codes used by the DM+D on electronic prescriptions
- physical pack dimensions – useful in conjunction with robots and planogramming systems
- historical pricing
- legal categories
- formulations.

After an initial free trial period, users will be charged £10 per month (£60 per half year) to subscribe. Users can register and pay online by credit card or by invoice.

What about electronic feeds?

Clients who take data electronically have different needs. Some specialise in providing computer systems to pharmacy either to work in the front of the shop or in the dispensary. In recognition of these differing needs C+D Data has split the database in two: EPoS for those specialising in front of shop, and Rx for those concentrating on dispensary items (see panel). The full file is also available to those needing the combined view.

What about the cost?

As with many other data providers, the database is intellectual property and, when supplied in electronic form, attracts a fee. It is standard practice for the fee to manifest itself as an end user licence and C+D will be adopting this approach with clients who incorporate the data into their product offering. The end user licence fees are £12.50 per month for the Rx data and £10 per month for the EPoS data.

EPoS file

- Expanded availability of EAN codes
- EAN code history
- Expanding range of products
- Pack dimensions (for those with robots or planogramming software)
- The developments mean that more products will scan at point of sale, improving the speed taken to deal with customers and patients

Rx File

- Automatic inclusion of AMPP codes
- EAN code history
- Pack dimensions (for those with robots)

C+D Data – the future

The new database also provides a platform for developments that will be needed in the future. There is increasing pressure for the introduction of new coding systems to manage the ever increasing complexity of business. There is currently much discussion about the introduction of 2D barcodes, RFID tags and systems for individual product identification. C+D Data already provides a service of matching a number of different coding systems and is now ideally placed to do so well into the future.

The C+D Price List is available at
www.cddata.co.uk

OVER 25 MILLION PACKS SOLD
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ibuprofen

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years without medical advice. If symptoms worsen or persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects: In normal use, side-effects are very rare, but may occasionally include hypersensitivity reactions, and in susceptible individuals renal and/or gastrointestinal side effects. Legal category: [P] Packs: Ibuleve Gel (PL 0173/0060) - 30g, RSP £4.25 (£3.62 exc VAT), and 50g, RSP £5.95 (£5.06 exc VAT). Ibuleve Maximum Strength Gel (PL 0173/0176) - 30g, RSP £5.45 (£4.64 exc VAT) and 50g, RSP £7.45 (£6.34 exc VAT). *Source: IRI, MAT March 2007, Value Sales, Total All Outlets.

Pharmacy Champions

Pharmacy
Champions



Name
Dana Sleiman

Pharmacy
Boots, 60-62 King's Road, London

What has she done?
Qualified as Boots' first independent prescriber

Why did you decide to train to become an independent prescriber?

I wanted to use my clinical knowledge more widely. I believe being an independent prescriber makes better use of the pharmacist's skills and expertise. I decided to take the conversion course to independent prescribing as you do not need to wait for a clinical management plan from the GP and therefore the patient receives quicker and easier access to care. It also allows pharmacists to treat and prescribe for acute conditions as long as it is in the scope of their competence.

Where did you study and what is your specialism?

After completing my pre-reg year with Boots in 2003, I took a postgraduate diploma in primary care and community pharmacy at King's College, London. In the same year I started the supplementary prescribing course at King's and qualified in 2006, specialising in hypertension.

While studying I worked with the Royal Hospital in Chelsea, where I conducted hypertension reviews for some of the patients, many of whom are war pensioners. My designated medical practitioner was also based at the hospital. I completed the conversion course to independent prescribing at the University of Reading in January this year. During the course I focused on the

verification of the diagnosis of patients with hypertension as I felt that as an IP I would have more accountability and responsibility in this area than a supplementary prescriber.

How will being an IP change your role at Boots?

It will allow me to better utilise my clinical skills and take a more proactive role in patient care. It also enhances how patients view pharmacy by putting me at the cutting edge, driving the profession forward. There is a tremendous passion in Boots, right to the top, to use the skills of pharmacists to help our customers and patients. I do believe that footfall will see a positive increase as more customers come to us for their complete healthcare needs.

How have your colleagues reacted to your extra qualification?

My colleagues have been encouraging and I find it really makes a difference if your employer is supportive, as Boots has been for me.

After initial apprehension, GPs have been positive. I've found it really helps to take time out to explain what a pharmacist independent prescriber does and how the skills can be used as an adjunct to their services rather than as a replacement. We can also share their workload, allowing them to focus on other areas.

One of the local surgeries has asked me to conduct weekly reviews with its patients. The patients have no concerns about me writing prescriptions for them.

I think independent prescribing is of great benefit to patients as it improves their access to care, especially in a community pharmacy setting. We're open for longer hours than a surgery, allowing patients to come in at weekends or out of hours.

Under the white coat

What are your hobbies when you're not at work?

I love exploring new countries and cultures and recently visited Lebanon. I also like going to the cinema – the last film I saw was Spiderman – the theatre and eating out.

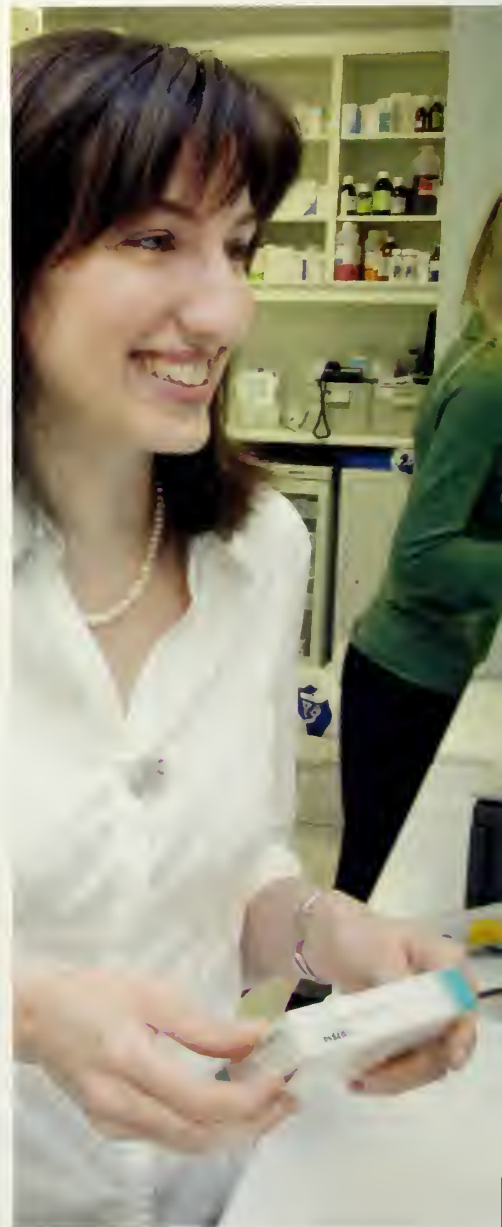
If you were in charge of pharmacy for just one day, what would you change?

I'd make supplementary prescribing compulsory for all pharmacists so that we can propel the profession forward and make better use of the immense clinical knowledge that we have.

Nominate your Pharmacy Champion:

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 - Partial agonist action: Reduces craving and withdrawal symptoms†
 - Antagonist action: Reduces the satisfaction associated with smoking†
- Significantly higher quit rate vs. bupropion or placebo at 12 weeks^{1,2,5}
- Favourable safety and tolerability profile in approximately 4,000 treated smokers⁶

[†]Based on the Minnesota Nicotine Withdrawal Study (MINSW).

CHAMPIX® Film-Coated Tablets (varenicline tartrate)
ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. Patients with end stage renal disease: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered.

Pregnancy and lactation: Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk.

Driving and operating machinery: Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required.

Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. 2. Jorenby DE *et al.* JAMA 2006; 296:56-63. 3. Tonstad S *et al.* JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006



Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

New oral prescription medicine

CHAMPIX ▼
varenicline tartrate

Comment from the editor

That the wholesale sector is in the spotlight was evident from the turnout at last week's British Association of Pharmaceutical Wholesalers' annual meeting. The highest ever number of delegates (mostly manufacturers), a government minister (for the first time), and even journalists from The Times and Guardian.

The turnout could not, however, disguise the fact that only eight wholesalers were represented, with UniChem and the manufacturer Pfizer notably absent. And with Pfizer and GSK operating agency schemes, AstraZeneca's scheme pending and others in the wings, full-line wholesaling as we know it is facing extinction.

Some might say that wholesalers have cooked their own goose by embracing parallel imports and breaking the trust branded manufacturers had in the supply chain. But that was what their pharmacy customers were demanding, and they were driven to it by discount clawbacks and other commercial pressures.

Anyway, the government has legitimised and regulated the PI trade. So everyone and no-one has some blame to bear for the current state of affairs.

Should community pharmacists worry? Evolution is a painful process, especially for those at the end of the supply chain. Starved of choice of distributor, and with little competition to drive ever higher standards of service (and all the supporting frills, like own-label, and training and merchandising support), some of the props that help pharmacists are under threat.

Pharmacists should also be concerned because the DH has yet to make its views known about the current direction of travel. Lord Hunt's pointer to the yet-to-be-delivered cross-government response to the OFT inquiries into medicines distribution and the PPRS suggests the DH isn't going to sit back and let the free market have its way. With the government controlling the purse strings at the beginning and the end of the supply chain through the PPRS and pharmacy remuneration, there is considerable scope for the sort of inspirational government economic management we all know and love.

“Some might say wholesalers have cooked their own goose by embracing parallel imports”

Your views

Has the NHS turned a corner on finance?

NPA liaison manager Gareth Jones takes a look at the detail of the NHS financial position



After a number of years of overspend, figures released last week reveal that the NHS failed to use more than half a billion pounds of its 2006-07 budget. While this represents only 0.6 per cent of the

total budget, it is still causing surprise and upset among many healthcare professionals who have seen services decommissioned, pay increases delayed and training put on hold.

While the overall national figure makes the headlines, not least because the secretary of state staked her job on the NHS achieving a balanced budget, the financial performance of individual PCTs is really what is of interest for community pharmacy. It matters a great deal whether you are dealing locally with Hillingdon or Cambridgeshire (each returning a deficit of £52 million), Darlington (broke even) or Wandsworth (with a surplus of more than £13m).

A PCT with spare cash may be one that will be amenable to an approach from community pharmacy to provide enhanced or other commissioned services. However,

there may also be less obvious opportunities with the PCTs that are currently overspent. If the existing ways of working are stretching the budget, will a service redesign provide an equivalent, but cheaper, service? Hospital admissions and A&E visits are expensive, and any service that pharmacy (maybe in combination with others) can offer to make savings here is likely to be of great interest to commissioners.

PCT budgets have risen by more than 9 per cent in this financial year. This does not mean the NHS is now

awash with money, however, as with new money come new objectives. PCTs now have little more than a year and a half until the 18-week patient pathway from GP referral to start of treatment comes into force. With only half of patients currently being treated within 18 weeks, there is clearly much work to be done by PCTs. The challenge for pharmacy is to see if it can help deliver on this major NHS target.

Gareth Jones is liaison manager at the NPA

“The NHS is not awash with money, as new money comes with new objectives”

Xrayser

Topical Reflections



A pat on the back for saving all those lives

In two weeks' time finding somewhere to have a fag will simply become so inconvenient that many smokers are finally coming to terms with giving up the weed. Ironically, many nicotine addicts must have been waiting for an excuse like this because most smokers are supposed to be unhappy with their habit.

If all goes according to plan there should be a lot more happy people around this summer – proud newly ex-smokers, non-smokers enjoying smoke-free public places, and pharmacists who've made a real contribution to public health. And let's not forget the Department of Health which should have a lot fewer sick smokers to deal with. The Treasury will just have to tax a different evil to replace all that lost revenue – something environmentally damaging no doubt.

If the DH is right, and 600,000 smokers kick the habit (C+D, June 9, p6) that's 60 per pharmacy. And if half of smokers are thought to be killed by their habit, each pharmacy will save 30 lives. Not bad. If I had space on my wall, I'd like a lifesaver's certificate for my efforts.

Everything seems to be coming together at the right time, with

unavoidable advertising, great trade support, professional support for quitters and the Nice approval of Champix (C+D, June 9, p20). Surely there's never been a better time to stop smoking.

But somehow people remain confused. Many people still seem to have no idea when the ban comes into force or what the implications are, few are clued up about the support available for quitters, and media coverage seems to have given people the idea that Champix is a 100 per cent cure for smokers that will be available to anyone who wants it.

There's still much work to be done, but that's what pharmacies are for. I seem to spend as much time correcting misconceptions and poor information as I do spreading accurate information and giving good advice. Some people have to risk their lives to save the lives of others so if I can get the same result by answering a few daft questions I should count myself lucky.

July 1 will be a milestone for England's public health and even if we don't get a certificate, playing a significant part in saving thousands of lives should be enough reward for anyone.

Less hot air would help the environment

Being told what I should do to save the environment is more likely to turn me a shade of puce rather than green. Of course we're facing potentially the gravest threat to our world we've ever known but tough decisions must be taken at government level rather than simply scoring political points.

I turn light bulbs off when not in use because it saves me money and for the same reason I drive a small car. But I

won't do someone else's job for free by making myself a "green leader" (C+D, June 9, p14). Of course I'll consider it for a fee, but I still think my skills could be put to better use.

There's too much hot air spoken over green issues and everybody's jumping on the bandwagon without getting much done. I won't be one of the mugs doing all the hard work simply to make others feel good.

CD



LPC Inbox

MURs: stand and deliver

A recent editorial in the BMJ based on some questionable studies warrants a strong response from pharmacy.

Do we ever see an editorial in one of our professional journals criticising the lack of evidence for the benefits of the GP contract's qualities and outcome (QOF) framework? Remember that QOF contains generally easy targets and came with new money whereas MURs required investment to gain accreditation and are funded by 'old' money.

I am not suggesting that we join the BMJ in its playground game, but a response is required. Possibly the best way forward is to deliver MURs in quality and quantity to demonstrate real patient benefit. Current feedback indicates that the focus and pressure on numbers is resulting in some inappropriate selection of patients and poor recording of

“ QOF has easy targets and came with new money, for MURs read old money ”

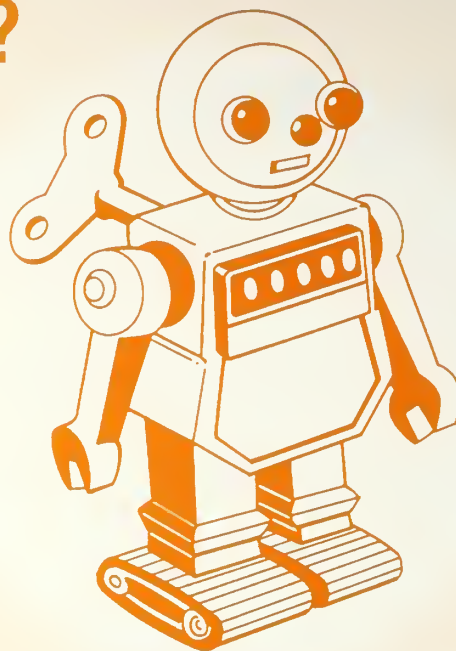
outcomes; more outcome evaluation is required.

However, there is a lack of collaboration between CP and GP practices which would otherwise result in a clearer understanding of the aims and benefits of the service by other healthcare professionals and the integration of MURs and other CP services in patient care.

And despite the efforts of many LPCs, 50 per cent of pharmacies have yet to routinely deliver the service. Recent advertising by a multiple is a step forward and builds on some of the local PR activity by a few LPCs; it is time for the profession to follow suit. Maybe pharmacies will become embarrassed by the patient demand thus created – and will have to deliver.

Written by an LPC officer

"A NASAL SPRAY FOR ALL HAYFEVER SYMPTOMS? YOU'RE WINDING ME UP!"



Some customers think a nasal spray is just for nasal symptoms. So make sure they know that times have changed for hayfever treatment. A once daily dose of Flixonase Allergy Nasal Spray is effective for itchy eyes and beats once daily antihistamine tablets hands down on relieving sneezing, runny nose, nasal congestion and groggy head.¹⁻⁸ What more could they want?

No hayfever treatment is more effective without prescription

Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Caution against concomitant use of other corticosteroid products, especially those having caused nasal injury/surgery, nasal ulceration. Risk of adrenal suppression may occur from recommended doses. Significant interactions between fluticasone propionate and certain inhibitors of the cytochrome P450 3A4 system, such as ritonavir, may occur. This may result in increased plasma concentrations of fluticasone propionate. **Side effects:** Dryness and irritation of the nose, unpleasant taste and smell, headache and epistaxis.

Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Very rarely glaucoma, raised intraocular pressure and cataract. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.99. **Date of preparation:** June 2006. **FLIXONASE®** Face and Air Device are registered trade marks of the GlaxoSmithKline group of companies. **References:** 1. Vervloet D, Charpin D, Desfougeres J-L. *Clin Drug Invest* 1997; **13**(6): 291-298 2. Gehanno P, Desfougeres J-L. *Allergy* 1997; **52**: 445-450 3. Kaszuba SM *et al. Arch Intern Med* 2001; **161**: 2581-2587 4. Ratner PH *et al. J Fam Pract* 1998; **47**: 118-125 5. Jordana G *et al. J Allergy Clin Immunol* 1996; **97**: 588-595 6. Stricker WE *et al. Ann Allergy Asthma Immunol* 1998; **80**: 115 7. Bernstein DI *et al. Clin Exp Allergy* 2004; **34**: 952-957 8. Van Bavel JH *et al. Ann Allergy Asthma Immunol* 1997; **78**: 128



fluticasone

C+D Clinical

Case study: lymphoedema

A review of how this condition can be managed and a look at compression garments and bandages

Key points

- Lymphoedema is swelling caused by impairment of the lymph system, and is most commonly seen in the limbs.
- It can be of primary origin but is currently more commonly associated with cancer or its treatment.
- Once developed, it is usually not reversible but can be managed with good skincare, avoidance of skin harm or punctures, specific exercises, compression garments where appropriate, and specialised massage to promote lymphatic drainage.
- Prescription charges can be complex for anything but the simplest of prescriptions.

Mary Allen

Sue Brown is a 59-year-old customer you know through her visits to collect prescriptions for members of her family, and as a purchaser of OTC products. As far as you know, she has been in good health. However, she now presents a prescription for herself.

The prescription

Tamoxifen 20mg daily x 84
Flucloxacillin 250mg QDS X 28
Phenoxymethylpenicillin 250mg QDS X 28
Lymphoedema arm sleeves Class 1 Mediven
95 standard length size V x 2

She asks whether the arm sleeves will need to be ordered.

Why these items?

The prescription items suggest she has mild lymphoedema in at least one arm. This could have various causes but has most likely followed treatment for breast cancer (she has been prescribed tamoxifen). The antibiotics may have been prescribed to treat a current skin infection affecting the arm with lymphoedema, or as 'standby' antibiotics in case of future infection risk.

What is lymphoedema?

Lymphoedema is swelling, usually occurring in a limb but sometimes elsewhere, caused by

Reflect

Do you know the main cause of the lymphoedema you are likely to see in a community pharmacy? What are the risks? How many prescription charges would two identical lymphoedema sleeves attract?

Plan

This case study discusses the drugs and appliances prescribed for a woman following breast cancer and gives advice on skincare and preventing infection.



This article can help in the following CPD competencies: G1a, G1j, C1f, C3e, C5a, C6a. See www.tinyurl.com/194zu



abnormal collection of lymph fluid when the lymph system has been impaired in some way, for example as a side effect of treatments such as radiotherapy, or as a result of surgical removal of some of the lymph system.

The lymphatic system

The lymphatic system transports excess fluid from body tissues into the bloodstream,

Lymphoedema commonly occurs in limbs, often following radiotherapy or removal of part of the lymph system

The College of Pharmacy Practice

This course (module 1408), in association with multiple choice questions being published in C+D July 7, provides one hour's continuing education



lymphoedema is a one way drainage system. It forms an important part of the immune system as it contains lymphocytes that fight infection, and it helps to remove waste products from cells. The system consists of lymph nodes (or lymph glands) connected by a network of drainage vessels, and contains lymph, a milky liquid formed from extracellular fluid that drains from body tissues into small lymph vessels lying between the cells.

Lymph nodes are found throughout the body, but mainly in the neck, armpit and groin, and contain specialised cells that deal with infective organisms and cancer or other damaged cells. Nodes vary in number and size depending on where they are situated in the body: the axilla (armpit), for example, usually has around 15 to 30 small nodes.

The number of lymph nodes varies from person to person. Waste products and destroyed organisms are carried in the lymph through increasingly larger lymph vessels into the bloodstream and eliminated with other body waste.

If the lymph nodes don't successfully destroy abnormal or cancer cells these may then continue to divide and produce new cells within the node, causing swelling that is usually painless. In contrast, swollen, hot and painful lymph nodes indicate an infection that may need treating with antibiotics. In many cancers, including those of the breast, lung and bowel, cancer cells may spread into the lymph nodes from the primary tumour.

Causes

Although most cases of lymphoedema seen in the community are cancer-related, the condition is not exclusively caused by cancer or its treatment. Primary lymphoedema is rare but can occur through malfunction of the lymphatic system, sometimes from congenital or hereditary causes. It can also be caused by some other medical conditions.

Secondary lymphoedema is the result of disease or its treatment. In cancer this may result from blockage caused by a tumour, or as a result of treatment – either because of surgical removal of lymph nodes or because of scar tissue after radiotherapy, and is more likely to occur following a combination of both, for example in breast cancer when axillary (armpit) lymph nodes are usually routinely removed and the area is subsequently treated with radiotherapy.

Lymphoedema following cancer treatment is most commonly seen in the limbs – in the arm following removal of axillary lymph nodes, and in the leg if lymph nodes in the groin have been removed and/or treated. The swelling may cause the affected limb to feel stiff and uncomfortable and may affect mobility. Lymphoedema can occur in other areas including the chest, breast or abdomen, and sometimes even the face. It can take some time to develop – sometimes months or even years after treatment. Once lymphoedema has developed it cannot be reversed but can usually be reduced through good management

Lymphoedema: symptoms

- a feeling of fullness or heaviness in the affected part (including tightness of clothes or jewellery in early stages)
- swelling
- tautness, thickening or dryness of skin
- reduced movement
- discomfort or pain.

Maintaining skin condition and reducing infection risk

- Skin should be well moisturised every day – aqueous cream is suitable.
- Avoid insect bites – use insect repellants and avoid baring the skin after dusk. Bites should be treated immediately.
- Appropriate gloves (and long-sleeved clothing where relevant) should be worn when washing dishes, gardening, handling animals, removing hot dishes from the oven, etc. Cuts and grazes should be dealt with quickly, keeping them clean and covered. Seek medical advice if infection is suspected.
- Avoid sunburn.
- Patients can get more advice on preventative measures from their cancer treatment support nurses, lymphoedema specialists and from websites such as that of Cancerbackup.

Risk reduction

Risk can be minimised by reducing any strain on the lymphatic system such as infection or inflammation. This means avoiding anything that punctures the skin, such as cuts and grazes and insect bites, and maintaining the skin in good condition. Gentle specific exercise helps to maintain lymph flow, but excessive exercise can increase risk. Trained lymphoedema specialists can advise on prevention. Until recently, these specialists have usually been associated with hospices and the voluntary sector, but they are now becoming more common within the NHS.

Treatment

The aims of lymphoedema treatment are:

- to relieve discomfort by reducing swelling
- to prevent the further build-up of fluid.

Treatment includes:

- Methods to maintain good skin condition and prevent infection. Patients are usually given advice about this following cancer treatment but see also box left.
- The use of compression bandages or garments such as sleeves or stocking bandages (available on FP10 prescription).
- Specific exercises to aid lymph fluid drainage.
- Advice about positioning of affected limbs to aid drainage and help prevent fluid build-up.
- Specialised massage to promote drainage, including manual lymphatic drainage (MLD) or simple lymphatic drainage (SLD).

Cellulitis risk

People with lymphoedema may be at greater risk of cellulitis. Even tiny skin breaks can increase the risk of infection.

Cellulitis often involves general malaise and a high temperature as well as inflammation and pain in the affected area, and usually requires treatment with high doses of antibiotics. Anyone suspecting that they have cellulitis should remove any lymphoedema garments and seek medical attention immediately.

Use of compression in lymphoedema

Compression is an important tool in managing lymphoedema. Compression sleeves and stockings provide graduated compression to swollen tissues, reducing the build-up of lymph fluid and aiding movement of fluid to an area with better drainage. They should usually be worn from first thing in the morning, and removed at night.

Compression garments must always be properly measured and fitted and are

Box 1: Examples of charges for lymphoedema prescription items

Prescribed item	Number of charges
Two identical arm sleeves of same brand, same compression and size	One
One arm sleeve with top band and one arm sleeve with no top band	Two
Two identical arm sleeves of the same brand, same compression and size plus two separate but identical gauntlets of the same brand, same compression and size	Two
Two arm sleeves with gauntlet plus 10 finger pieces	One charge only (because additional options ordered with the base garments do not attract any additional prescription charges)

The charging rules are complex so, if in doubt, it is worth checking with the NPA, PSNC or the PPD for individual circumstances.



BLOOD PRESSURE MONITORING

BLOOD PRESSURE MONITORING.....

Hypertension affects over 16 million people in the UK. There are often no immediately obvious symptoms so a blood pressure check is recommended every two years for people over the age of 18. Obesity, a growing concern in the UK, is one contributing factor to high blood pressure. Others include stress, lack of exercise, smoking, alcohol consumption, poor diet and a genetic predisposition. Prevalence increases with age.

Once diagnosed, some patients are confident enough to manage their condition and happy to take their own blood pressure readings at home; others welcome the reassurance offered by a healthcare professional consultation. Modern technology means that monitors are available for use in either setting.

CD+ GUIDE TO



BLOOD PRESSURE MONITORING

Safe, accurate and proven...

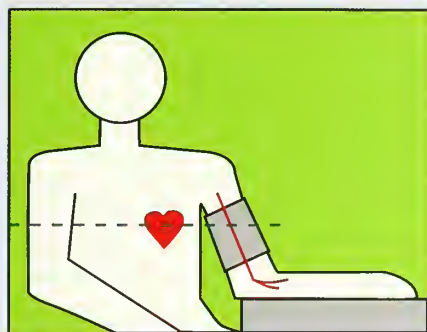
Omron's M7, M3 and R7 blood pressure monitors all feature IntelliSense technology which ensures the cuff is comfortably inflated to the ideal level during testing with no adjustment required by the user.

The monitors have undergone clinical validation by independent doctors to corroborate the accuracy of measurements. The test criteria are laid down by the British Hypertension Society, International Protocol and the American Association for the Advancement of Medical Instrumentation, so you can be confident that readings obtained using Omron's M7, M3 and R7 monitors are reliable and correct.

Cuff size is vital for accurate measurements. The length of the cuff's bladder should encircle at least 80 per cent of the arm. Inaccurate measurements may result from a bladder that is too narrow or too large.

- For a child or slim adult (mid-arm circumference 17-22cm) a small cuff should be used,
- For an average adult (22-32cm) a medium cuff should be selected
- For a heavily muscled or obese adult (32-42cm) a large cuff should be used.

BP Monitoring in your pharmacy



When using an upper arm monitor place the cuff approximately 2.5cm above the elbow crease. Fasten the cuff comfortably without it being too tight.

Blood pressure monitoring is a diagnostic test that can easily be carried out in a pharmacy's consultation room. You will be able to identify patients who may benefit from regular blood pressure monitoring from your PMR records.

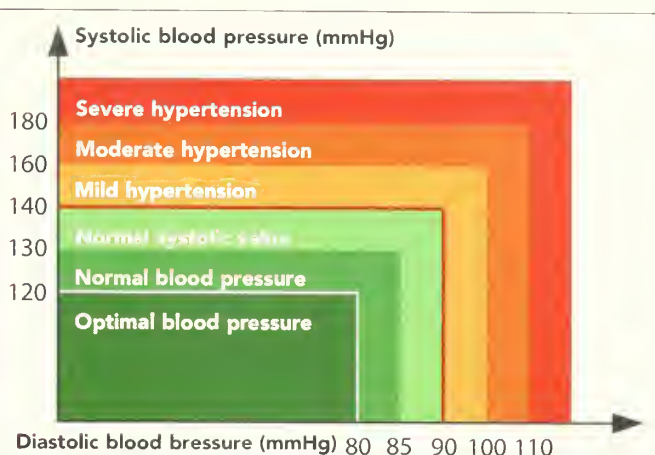
To support a BP monitoring service in the pharmacy ensure you are properly prepared. Patient audit forms, information leaflets, appointment cards and BP diaries will all be needed and come as part of the service from companies that supply BP monitors such as Omron.

You and your trained members of staff should adhere to recommended protocols in order to ensure results are consistent and as accurate as possible. Blood pressure measurements in individuals can vary by quite a large amount, depending on circumstances, so a key objective is to ensure the patient is relaxed when blood pressure measurements are taken.

Patients should be advised to avoid cigarettes, tea and coffee for 20 minutes before the test, for example, since caffeine and nicotine will raise blood pressure. They should be encouraged to visit the toilet, since being uncomfortable for the 15 or so minutes that the measurements take will also raise the blood pressure!

The test itself should be carried out in the consultation area by a trained member of staff.

- Ensure the patient is comfortable and sitting down with feet flat on the floor. Legs should not be crossed. Try to encourage the subject to relax.
- Thick clothing such as coats and jumpers should be removed but monitors such as the M7 will work through thin clothing such as a shirt. Sleeves should not be rolled up since that can restrict blood flow and influence measurements.
- The monitor's cuff should be fastened about 2.5cm above the elbow, comfortably, without being too tight. It should be possible to fit two



Diastolic blood pressure (mmHg) 80 85 90 100 110

According to the blood pressure classification by WHO/International Society of Hypertension (revised in 1999)

When the heart muscle contracts the blood surges through the arteries giving rise to the systolic (upper) blood pressure value.

The diastolic (lower) value is the resting pressure before the heart contract again.

High blood pressure is defined as blood pressure greater than 140/90mmHg.

Blood pressure varies throughout the day. If someone has a high reading it should be checked again, as it could be a one-off high reading.

Guidelines for BP testing (for adults over 16, who are not pregnant)

Patients in the green zone should be offered lifestyle advice and have their blood pressure re-checked in a year's time.

Patients in the red zone with mild to moderate hypertension (140/90 to 180/110mmHg) should be advised to see their GP within the next few weeks.

Patients in the red zone with severe hypertension (200/110 to 240/120mmHg) should be told to see their GP within the next few days. They should be warned not to ignore this advice.

Patients with a BP over 240/120mmHg should be told to see their GP or go to A&E as soon as possible.

fingers between the cuff and the arm.

- During testing, the subject should remain still and not talk. The cuff will inflate then slowly deflate – this takes about 30 seconds.
- The British Hypertension Society recommends ignoring the first reading then taking the average of two subsequent tests. Leave a gap of three minutes between tests.

If you take readings from someone who is already being treated for high blood pressure and the readings are high, suggest that they see their GP to discuss their treatment.

C+D guide to BLOOD PRESSURE MONITORING

Home monitoring



When using a wrist monitor to measure blood pressure place the arm across the chest with the wrist at heart level

If patients are well briefed and confident they may wish to purchase a BP monitor to measure their own blood pressure at home. Ideally such patients should aim for a blood pressure reading below 140/85mmHg. However, because blood pressure can vary, this may not always be the case and patients should be warned to expect an occasional high reading. Blood pressure is frequently observed to be higher in the morning, for example. If repeated measurements indicate that their blood pressure is consistently higher than their target level, then an appointment should be made with their GP.

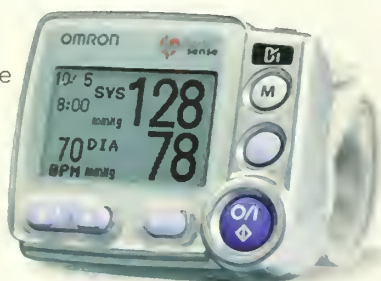
When using a wrist monitor such as Omron's R7 the cuff should be placed approximately 2.5cm above the wrist joint with the monitor on the inside or side of the wrist. It is important to keep the monitor at heart level to get an accurate reading. To find the right position, the user should place the hand across the chest (see diagram) and remain in this position throughout the test.

BP monitors for pharmacy and home use

The Omron R7 is the first validated wrist monitor to be listed on the British Hypertension Society's website due to its position sensor technology. In the

past there have been concerns over the accuracy of measurements from wrist monitors, but the R7's position sensor ensures accurate testing. It will show an error message if held in the wrong position.

The display shows results and can present charts to indicate changes over time. The R7 boasts a 90-reading memory capacity and an inbuilt USB connector for docking with a computer. It retails at £119.95



The Omron M3 upper arm BP monitor provides quick and accurate blood pressure measuring. IntelliSense technology means the cuff is inflated to the ideal level for every test without any intervention required from the tester. Accuracy of readings to $\pm 3\text{mmHg}$ is guaranteed. An LCD display shows both pulse and blood pressure readings. Single-button operation means the testing procedure is simple making the monitor ideal for home use.

The M3 has a 42-measurement memory, as well as an averaging function to determine the average of three readings taken within the last ten minutes. Icons are used to interpret results: averages, for example, are displayed as a bar graph. Non-standard readings and irregular pulses can be detected and displayed.

The monitor is supplied with a medium sized cuff as standard with an option for a large cuff. Four AAA alkaline batteries to provide at least 1,500 readings. The monitor comes with a carry bag and BP diary, and retails at £59.95.



The M7 automatic blood pressure monitor is ideal for use in a pharmacy's consultation room. It has a universal cuff validated for use in patients with arm diameters from 22 to 42cm – a unique one-size-fits-all feature. This monitor has been validated for use in obese adults.

For ease of use, IntelliSense technology ensures the cuff is automatically inflated to exactly the right pressure, thereby avoiding discomfort associated with over-inflation.

The M7 can read blood pressures from 0 to 299mmHg and pulse rates between 40 and 180 beats/minute. Its LCD shows BP and heart rate while the memory can hold up to 90 readings. The M7 retails at £99.95.



To find out more about Omron blood pressure monitors and customer support, call:

- The Omron customer service team on 0870 750 2771
- Omron technical support (including recalibration queries) on 0870 750 2773.

generally prescribed by (or via) lymphoedema specialists (usually physiotherapists or nurse specialists). Note that, unlike elastic hosiery, there is no related pharmacy payment for measuring and fitting these garments.

Garments come in a range of shapes and sizes to meet different needs, and sometimes two or more items are worn to provide a good fit and appropriate support.

The Drug Tariff Part IXA gives full details of available lymphoedema garments, and details also appear in the NPA Guide to the Drug Tariff. Prescriptions should identify the brand name of the product required as there is not yet a Drug Tariff generic specification for these garments.

Patients should be prescribed at least two garments to facilitate washing. As with compression hosiery, the manufacturer gives washing instructions. Two garments worn on alternate days should usually last six months – provided, of course, that the patient's condition doesn't change. Where garments

fail to fit correctly, patients should contact their lymphoedema adviser.

Prescription charges

Sue is eligible to pay prescription charges for her prescription items. What charges are payable for her lymphoedema sleeves?

Her prescription is a simple one with two garments of the same type ordered. This attracts just one prescription charge. (Note that this is in contrast to prescriptions for elastic hosiery where a charge is payable for each garment).

However, things become more complicated if more than one type of lymphoedema garment is prescribed. Sleeves come in various shapes and sizes and garments may extend over the hand or come with an inclusive gauntlet or handpiece. Alternatively, a simple sleeve may be prescribed together with a separate gauntlet and, to make matters even more complex, gauntlets may

be prescribed with separate finger pieces. Some sleeves have a top band to aid fit and comfort. A brief summary of how charges apply to lymphoedema items prescribed on the same prescription form appears in box 1, based on information from the NPA provided by the Prescription Pricing Division, plus information from the PSNC website.

When not to wear

There are circumstances when compression garments should not be worn as they may cause more harm, for example by further restricting lymph flow or causing skin damage:

- if the skin is very fragile
- in suspected infection
- where the affected limb is very swollen or misshapen
- where skin is very pitted.

Patients should seek advice from their lymphoedema adviser or doctor if any of the above occur.

Compression bandages

Sometimes, if an affected limb is very swollen or misshapen, it can be difficult to fit a compression garment. When this happens multi-layer compression bandaging is used until the swelling is better controlled, which can sometimes take several weeks. The component parts of the bandaging regime are prescribable. The bandaging is undertaken by a lymphoedema nurse or physiotherapist, usually in conjunction with manual lymphatic drainage and exercise to reduce swelling.

Mary Allen, FRPharmS, is a part-time pharmacist in Hertfordshire.

Continuing Professional Development



Act

- There are many articles on lymphoedema that complement this case study, eg <http://tinyurl.com/2p2q4n> and <http://tinyurl.com/24vwkp>
- Why does puncturing the skin represent a threat to lymphoedema-affected areas? Find out more about cellulitis. Do the doses of the antibiotics prescribed in the article tally with your experience of treatment for soft tissue infection? If not, do you think the suggestion that they were prescribed as standby to treat infection is reasonable?
- Ask any patient you know that has had cancer treatment whether they were given advice about the potential of developing lymphoedema. After recording say, 10 cases, what percentage received such advice?
- Make sure you know about the lymphoedema services available in your area. A first step could be to contact the local primary care trust, doctors and hospices and ask about NHS services. How could you or the patient access these services?
- The article discusses the complicated charging structure for lymphoedema prescription items. Revise NHS prescription charges in general. There is a new Dispensing Resources 2007-08 (PSNC publication) that gives examples.

Evaluate

- Do you now know more about both lymphoedema and cellulitis? Could you recognise either?
- Do you know what to do if a patient presents with a swollen limb?
- Do you feel more confident about the charges payable for different items prescribed for lymphoedema? If not, can you find the correct charges rapidly (while the patient is waiting to collect the prescription)?
- Can you explain the prescribed treatment/garments for lymphoedema to a newly diagnosed patient?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 7 issue, which will cover this week's CPP-accredited module, together with those in the June 2 and 23 issues.

These will cover:

- Chlamydia treatment (number 1407)
- Lymphoedema (number 1408)
- Glycaemic index (number 1409)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
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GENUS PHARMACEUTICALS

For a weekly email alert on C+D's Pharmacy Update series, please register at:

www.dotpharmacy.com/newsbulletins



Possible Parkinson's role for calcium-channel blocker

The hypertension drug isradipine may have a role in protecting dopamine-releasing neurons from dying in patients treated with L-Dopa to relieve Parkinson's disease symptoms.

Dopamine neurons produce a regular electrical charge in the same way as heart pacemaker cells.

Over their lifetime dopamine neurons typically progress from using sodium ions to calcium ions to create this charge – and this

change is dangerous because of the cell damage that calcium ions can cause.

Researchers at the Northwestern University in Chicago have discovered that in mice the calcium-channel blocker isradipine causes dopamine neurons to return to using sodium ions, which are much less likely to cause cell damage or death.

The researchers hope that the drug could be used to extend the period during which L-Dopa works effectively.



Parkinson's Disease Society

In brief

AstraZeneca will discontinue Xylocaine 4% Topical Solution with effect from June 22 2007. Generic alternatives are still available in the market, and the company will continue to supply the product until stocks are exhausted.

A report in The Lancet this week has revealed the case of a man who presented to hospital with a circulatory emergency who was found to have dark green blood. The colour was due to sulphaemoglobinemia after taking large doses of sumatriptan. *Lancet* 2007; 369:1972

The mometasone furoate nasal spray (Nasonex) has been shown to reduce itchy, red and teary symptoms in seasonal allergic rhinitis, in addition to its effects on nasal symptoms. The results appear in the latest issue of *Allergy and Clinical Immunology International* 2007;19(2):50-3

The SPC for varenicline (Champix) has been amended to say that cases of myocardial infarction have been reported in patients taking the treatment.

90 per cent statins adherence cuts risk of non-fatal coronary artery disease

Patients who take 90 per cent of their statin treatment achieve significant reductions in risk of non-fatal coronary artery disease after a year of treatment, a study of suboptimal statin treatment has revealed.

The study of 20,543 patients aged 50 to 64 years without cardiovascular disease, and newly treated with statins between 1998 and 2000, using data drawn from the databases of the Régie de l'assurance maladie du Québec.

It was published in the June 2007 issue of the *British Journal of Clinical Pharmacology*.

Among patients followed for up to a year, adherence of more than 90 per cent was associated with 19 per cent fewer non-fatal coronary artery disease incidents.

For more information:

<http://www.blackwell-synergy.com>

SMC approves three new treatments

The Scottish Medicines Consortium has recommended ranibizumab (Lucentis) for treating neovascular (wet) age-related macular degeneration within Scotland.

The treatment should be stopped if visual acuity falls below 6/60.

The SMC has also endorsed the Symbicort SMART budesonide-formoterol turbobhaler for use in adults. The treatment is taken both on a regular maintenance basis and – as needed – in response to symptoms.

In a third decision, the SMC has given a positive assessment to the overactive bladder treatment darifenacin (Emselex).

Launched by Ardara in October last year, darifenacin selectively inhibits the muscarinic M3 receptor, which is a mediator of detrusor muscle contraction.

For more information:

www.scottishmedicines.org.uk



The *only* formulation to relieve both constipation and bloating

NEW

Senokot Dual Relief contains

- Natural senna to relieve constipation
- With added fennel to relieve bloating

NATIONAL TV CAMPAIGN



IMPORTANT INFORMATION: Senokot Dual Relief Tablets, Reckitt Benckiser PLC. Active ingredients – Tablet containing: Senna (Senna, sennosides), Fennel (Fennel Seed) BP 45mg; Cascara Bark BP 30mg; Dandelion Root 30mg; Fennel Seed 15mg. Indications: For the symptomatic relief of occasional constipation and feelings of bloatedness. Dosage Instructions – Adults: Take one or two tablets at bedtime when necessary. Children: Not recommended. Contraindications: None known. Precautions and Warnings: Not recommended during pregnancy. Side effects: None known.

RRP: 20 £1.99, 40 £6.59 (GSL) • Marketing Authorisation Holder: Potters Ltd, 1 Botanic Court, Martland Park, Wigan, WN5 0JZ • Marketing Authorisation Number: PL0250/S 188R • Distributor: Reckitt Benckiser Healthcare (UK) Ltd. • Date of Revision of Text: November 2006.

Adverse events should be reported to Reckitt Benckiser on 0500 455 456. Information about adverse event reporting can also be found at www.yellowcard.gov.uk.

For further information, go to the healthcare section at constipationadvice.co.uk

With global warming, millions are suffering from hayfever.¹⁻⁵ Changing times call for fast, effective measures

When pollen allergens interact with pollution particles their potency can be increased⁵

Climate change has widespread effects on biological systems⁶

The peak months for hayfever are May, June and July⁷

The growing season is lengthening⁸

Up to 25% of the population suffer from hayfever⁹⁻¹¹

Grass pollen is the most frequent cause of hayfever^{7,10}

Allergy affects approximately one in four people in the UK at some time in their lives¹²

Pollen production is increasing³

Global warming is a growing challenge. Early arrival of spring and longer plant growing periods mean there's even more pollen in the air to aggravate hayfever sufferers. For fast, effective hayfever relief, recommend an allergy expert. No other brand treats more allergies than Piriton.

Hayfever relief from an allergy expert



piriton[®]
allergy tablets
chlorphenamine maleate

- Fast relief from the symptoms of:
 - hayfever
 - skin allergies
 - food allergies
 - pet allergies
 - house dust mite allergy
 - insect bites
 - mould spore allergies
- Also relieves the itchy rash of chickenpox

30

chlorphenamine

Piriton Allergy Tablets Product Information. Presentation: Tablets containing 4 mg chlorphenamine maleate. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** Adults: 1 tablet every 4-6 hours. Children aged 6-12: 1/2 tablet every 4-6 hours. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. **Side effects:** Sedation. Less commonly, gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence number:** PL 00036/0091. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 30 tablets £3.15. **Date of last revision:** October 2004. PIRITON, PIRITON Petal

Device are registered trade marks of the GlaxoSmithKline group of companies. **References:** 1. National statistics. The health of children and young people. <http://www.statistics.gov.uk/children/downloads/asthma.pdf> 2. <http://news.bbc.co.uk/1/hi/health/2721375.stm> 3. Beggs JP, Bambrick HK. *Environ Health Perspect* 2005; **113**: 915-919 4. Beggs JP. *Clin Exp Allergy* 2004; **34**: 1507-1513 5. Emberlin J. The national pollen and aerobiology research unit. <http://www.pollenuk.co.uk/News/jesummary.htm> 6. Vitousek PM et al. *Ecology* 1994; **75**: 1861-1876 7. Parikh A, Scadding GK. *BMJ* 1997; **314**: 1392 8. Sparks TH, Menzel A. *Int J Climatol* 2002; **22**: 1715-1725 9. Bousquet J et al. *J Allergy Clin Immunol* 2001; **108** (Suppl 5): S147-S154 10. Mason P. *The Pharmaceutical Journal* 2003; **270**: 443-445 11. Sheikh AS et al. *BMJ Clinical Evidence* 2004; **11**: 694-709 12. Allergy UK http://www.allergyuk.org/allergy_what_is.aspx



MyPharmAssist.co.uk

A Practical Approach...



Saturdays at the Update Pharmacy have been fairly quiet since the local GP practice stopped its morning surgery and Julia, the pre-registration trainee, is taking the opportunity to do some revision for her registration examination.

Locum pharmacist Mike Short, is on duty and is taking a great interest. "Never had anything like that in my day," he says. "What exactly do you have to do?"

Julia replies: "To pass the exam I have to get 70 per cent across two multiple choice

question papers, one 'open book' where we can use the BNF, Martindale Extra Pharmacopoeia and the Drug Tariff, and a 'closed book' where we have to answer the questions from memory. These are calculation questions, which we have to do without a calculator. In the 'open book' we have to get 14 of the 20 questions right within the 70 per cent overall to pass. And the formats of the questions, let alone the questions themselves, can be quite tricky. Look at this one, for example. Do you fancy having a go?"

"Well, one thing we could do in my day was calculations," says Mike. "I'll see if I can match you young whizz kids."

The question**Assertion/Reason**

Directions: The following questions consist of a statement in the left hand column followed by a second statement in the right hand column. Decide whether the first statement is true or false. Decide whether the second statement is true or false. Then choose:

- A** If both statements are true and the second statement is a correct explanation of the first statement.
- B** If both statements are true but the second statement is not a correct explanation of the first statement.
- C** If the first statement is true but the second statement is false.
- D** If the first statement is false but the second statement is true.
- E** If both statements are false.

1. You have to make a batch of 40 powders, each containing 100 micrograms of digoxin, diluted to 5g with lactose. You will make these by crushing digoxin 0.125mg tablets. The average weight of a tablet is 0.48g. You must make sufficient for 50 powders to allow for wastage.

First statement The amount of lactose required is 230.8g

Second statement The weight of the digoxin 0.125mg tablets required is 19.2g

Question

What is the correct answer and how is it calculated? Answer below



This article can help in the following CPD competencies: G1a, G1k, C6a. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

Answer = A
 Calculation:
 For 50 powders, number of digoxin 0.125mg (ie 125microgram) tablets required = $100/125 \times 50 = 40$
 Total weight of 50 powders = $5g \times 50 = 250g$
 Total weight of tablets = $0.48g \times 40 = 19.2g$
 Total weight of lactose = $250 - 19.2g = 230.8g$

Call for standard gout treatment

Guidelines on the management of gout published in the journal *Rheumatology* seek to make treatment more uniform across the UK.

Prepared by the British Society for Rheumatology and British Health Professionals in Rheumatology, the guidelines state that in most instances treatment is currently based on expert consensus, rather than research evidence or practice audit.

The guidelines aim to assess the potential of new therapies including coxibs, urate oxidases and xanthine oxidase inhibitors currently in clinical development, and to provide new advice on alcohol, dietary protein and the metabolic syndrome. It also defines recommendations for treating secondary atypical gout.

(see <http://tinyurl.com/3777j7>)

• A National Prescribing Centre review of the new gout preventative treatment febuxostat has said its use should be limited to patients intolerant to appropriate doses of allopurinol, or who are unresponsive to allopurinol treatment

(see <http://tinyurl.com/2fjqd7>)

Testosterone gel vies for market

Tostran 2 per cent testosterone gel is a newly-launched replacement therapy for male hypogonadism confirmed by clinical symptoms and laboratory analysis.

Manufacturer ProStrakan's 60-strong sales force is actively promoting the product, which has been accepted by the Scottish Medicines Consortium.

Studies have shown that between six and 12 per cent of men over 40 have low testosterone levels, and that it may be low in

as many as 42 per cent of men with diabetes.

Low testosterone levels produce symptoms including reduced energy levels, reduced sleep, moodiness, weight gain, deteriorating muscle mass, hair and skin changes, reduced bone mineral density, low libido and erectile dysfunction.

Tostran is available in packs of 1x60g and 3x60g. Pip codes and prices are 326-3266 and 326-3274, and £26.67 and £80.01 respectively.

CBT role in adolescent depression questioned

Cognitive-based therapy plus SSRI treatment may be no better than SSRI treatment alone in adolescents with moderate to severe depression, the authors of a trial published in the *BMJ* have concluded.

The study of 208 adolescents who had not previously responded to a brief intervention compared results from patients treated only with SSRIs with a group also on CBT.

At 28 weeks, 57 per cent of the patients were much or very much improved and 20 per cent remained unimproved, but there was no significant difference between the two arms of the trial.

For more information:
<http://tinyurl.com/yqlxgz>

Relax



BECAUSE 96% OF PATIENTS CAN ACHIEVE GMS TARGET¹

BECAUSE THERE ARE OVER 100 MILLION PATIENT-YEARS OF EXPERIENCE²



Abbreviated prescribing information: Lipitor® Presentation: Lipitor is supplied as film coated tablets containing 10mg, 20mg, 40mg or 80mg of atorvastatin. **Indications:** In patients unresponsive to diet and other non-pharmacological measures, Lipitor is indicated for the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, and triglycerides in adults and children aged 10 years and older with primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia. Lipitor also raises HDL-cholesterol and lowers the LDL/HDL and total cholesterol/HDL ratios. Lipitor is also indicated for the reduction of elevated total cholesterol, LDL-cholesterol, and apolipoprotein B in patients with homozygous familial hypercholesterolaemia. Lipitor is indicated for reducing the risk of cardiovascular events in patients with Type II diabetes and one additional risk factor, without clinically evident coronary heart disease, irrespective of whether cholesterol is raised. **Dosage:** The usual starting dose is one Lipitor 10mg tablet daily. Doses should be individualised according to baseline LDL-C levels, the goal of therapy, and patient response. Doses may be given at any time of the day with or without food. The maximum daily

dose is 80mg. Doses above 20mg/day have not been investigated in patients aged <18 years. In primary prevention trials, the dose was 10mg/day. **Contraindications:** Hypersensitivity to any of the ingredients, active liver disease, unexplained elevations in serum transaminases, pregnancy and breast-feeding and in women of child-bearing potential not using contraception. **Warning and precautions:** Liver function tests should be performed before initiation and periodically thereafter and in patients who show signs and symptoms of liver injury (monitor raised transaminases until they return to normal). Drug dosage should be reduced or therapy discontinued if persistent elevations occur above 3-times the upper limit of normal. Lipitor should be used with caution in patients with a history of liver disease and/or alcoholism. Patients with signs and symptoms of myopathy should have their creatine phosphokinase (CPK) levels monitored. Lipitor should be discontinued if CPK levels are markedly or persistently raised or myopathy is diagnosed or suspected. Lipitor should be prescribed with caution in patients with pre-disposing factors for rhabdomyolysis. Risk of myopathy may increase when administered with certain other drugs, such as fibrates. As with other statins, rhabdomyolysis with acute renal

failure has been reported. **Pregnancy and lactation:** Lipitor is contraindicated in pregnancy and lactation. Side effects: Side effects most frequently reported in controlled clinical studies: constipation, flatulence, dyspepsia, abdominal pain, headache, nausea, myalgia, asthenia, diarrhoea, insomnia, elevations in ALT and CPK levels. Other side effects have been reported in clinical trials and post-marketing (See Summary of Product Characteristics). **Legal category:** POM. **Date of Revision:** March 2006. **Package quantities, marketing authorisation numbers and basic NHS price:** Lipitor 10mg (28 tablets), PL16051/0001 £18.03, Lipitor 20mg (28 tablets), PL16051/0002 £24.64, Lipitor 40mg (28 tablets) PL16051/0003 £28.21, Lipitor 80mg (28 tablets) PL 16051/0005 £28.21. **References:** 1. Athyros VG et al. (2002) Curr Med Res Opin 18(8): 499-502. 2. Data on file - ATO 30, Lipitor Patient Years, Pfizer Limited. **Marketing Authorisation Holder:** Pfizer Ireland Pharmaceuticals, Pottery Road, Dun Laoghaire, Co. Dublin, Ireland. Lipitor is a registered trade mark. Further information is available on request from: Medical Information, Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. **Date of preparation:** June 2006. **Item code:** LIP2492C.



Adverse events should be reported to Pfizer Medical Information on 01304 616 161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

Aquafresh adds minty option

GlaxoSmithKline Consumer Healthcare aims to capitalise on the steady growth in mouthwashes by adding Purifying Mouthwash to the Aquafresh Extreme Clean brand.

According to research, mouthwash is outperforming the total oralcare category (AC Nielsen Value 52 w/e April 21, 2007), but with a market penetration of just 42.6 per cent (TNS Panel 51 w/e April 22, 2007), there is potential for growth.

The new clear Aquafresh Extreme Clean Purifying Mouthwash in clear mint flavour kills 90 per cent of the bacteria that cause bad breath, while promoting healthy gums and protecting against decay.

TV and online activity are planned.



Price: £2.49/500ml

Product info:

GSK Consumer Healthcare
Tel: 0845 762 6637

Products in brief

Sudocrem online

Sudocrem has redesigned its website with fresh imagery, a new

layout and improved navigation.

There is also a short history of the brand in addition to a run down of its use for nappy rash, sunburn, cuts and grazes.

www.sudocrem.co.uk

Instant relief for dry skin

The newly launched Vaseline Intensive Rescue creams contain a balance of humectants, such as glycerine, and emollients to provide instant relief and long-lasting moisture for people suffering from dry or very dry skin.

All five products in the range are fragrance-free, lanolin-free and suitable for people with sensitive skin.



Prices and Pip codes:

Moisture Locking Lotion £2.99/200ml, 327-1491; Moisture Locking Lotion £4.99/400ml, 327-1509; Relief & Repair Balm £4.99/100ml, 327-1517; Soothing

Hand Cream £2.99/50ml, 327-1525; Hydrating Foot Cream £2.99/50ml, 327-1483

Product info:

Unilever UK
Tel: 020 8439 6100

Simply get up and go

Simple is promoting its skincare products during June by launching a Get Up and Go skincare regime kit.

This debut kit is one of many planned for 2007 as Simple aims to push up its 9.4 per cent market share (IRI, 52 w/e May 19, 2007) in this sector.

Packed in a vibrant box for maximum shelf stand out, the kit

includes Refreshing Face Wash, Cleansing Facial Wipes and Hydrating Light Moisturiser for women with sensitive skin.

Product info:

Accantia Health & Beauty
Tel: 0121 327 4750
Price: £7.99

DERMATOLOGICAL



Indicated for the treatment of itchy skin diseases. Do not use on the face, neck, or other sensitive areas. Apply to the affected area twice a day. The duration of treatment should be as short as possible. Contraindications: Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute, severe, or infected skin lesions. Special warnings and precautions for use: May cause irritation if applied to broken or inflamed skin. Pregnancy and lactation: There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breastfeeding during lactation. Undesirable effects: E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. Package quantities: 50 g and 100 g tubes.

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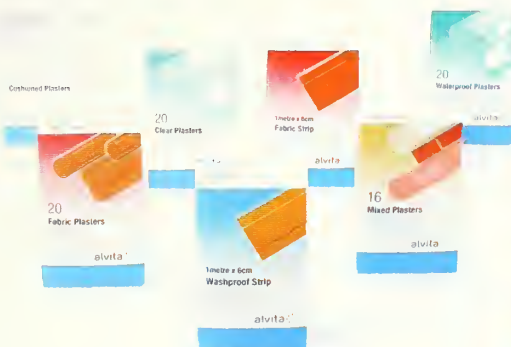
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Health and hygiene products are simple to use

Alvita surgical, diagnostic and health and hygiene products are being launched across Europe by Alliance Boots' wholesale and commercial affairs division. They are available through UniChem from this month.

Plasters, bandages, tissues and micropore tape are currently available, with more products to follow in the coming months.

With their distinctive packaging, the products are said to be easy to identify and simple to use.



Alliance Boots' director of commercial affairs, Tony Foreman, said: "We believe that Alvita will offer community pharmacists a reliable and trusted product with distinctive packaging and branding."

Four-in-one functionality

Braun's latest Cruiser Body & Face razor lets men shave, style and trim facial and body hair in or out of the shower.

The metallic blue razor includes 'Smart Foil' technology, a unique pattern of computer-designed holes shaped to trap facial hair

that grows in different directions, a tilted long hair trimmer and gliding strips.

Price: £69.99

Product info:

Braun UK, tel: 01932 896000

Bodyform donation helps women in Zimbabwe

Bodyform is including an on-pack promotion on sanitary towels in the Bodyform Ultra range to support women in Zimbabwe during July and August.

The firm is sponsoring the Dignity, Period! campaign by Action for Southern Africa and is donating 250,000 packets of sanitary towels to the

women of Zimbabwe.

The on-pack activity will be supported by a national PR campaign and a selection of celebrities.

Product info:

SCA Hygiene Products

tel: 01582 677400

www.bodyform.co.uk



Products advertised on TV next week

Buscopan: GMTV, C4, Sat

Deep Heat: C4

DulcoEase: GMTV

Frontline: GMTV, Sat, five

Nicorette: All areas

Seven Seas Multibionta: Sat, C4

Syndol: All areas, except GMTV

TCP Spray Plaster: GMTV, Sat, Five

PharmaSite for next week: Anadin Ultra Double Strength – windows,

Anadin Ultra Double Strength – in-store, Allergan – dispensary

Pharmacy channel: elave, Complan, Piriton, Eurax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Scratch resistance

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases.¹

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

Moisturising urea and local anaesthetic lauromacrogols combine in a dual-action formula to soothe the itch whilst hydrating and smoothing the affected skin.² These therapeutic benefits are delivered in a well-tolerated and highly acceptable emollient cream.³

A "very good" or "good" improvement in skin condition was measured in 74% of patients.³

E45 Itch Relief Cream.

Experience builds expertise.



Dry skin & Eczema

EXPERTE45E

Contains lauromacrogols and urea



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- We use the expertise built up from being the premier Specials manufacturer for 70 years to meet the individual needs of you and your customers



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Diagnostic testing is the way forward for customers who want to be proactive regarding their health. **Charlotte Speechly** finds out how pharmacists are meeting the challenge

Going for an MoT

As consumers become more conscious of health issues and the importance of self-care, there has been a positive knock-on effect for pharmacists when it comes to diagnostic testing.

An awareness of health and associated problems means people now want a cost-effective and simple health MOT to check everything is in working order, and with equipment and resources becoming available pharmacies are in a position to meet customer demand.

Pharmacists have taken steps to ensure their customers have access to these point of care services, giving them recognition not only as dispensers, but as local community experts who can monitor their general health and detect early signs of more serious conditions. The recognition gained allows pharmacists to be seen as 'public health advisors' who can answer queries or concerns about health.

Case study one

One pharmacist who is providing diagnostic services is Kossar Talabani, pharmacy manager at Manor Pharmacy, Wallington. From June last year he has provided diabetes and cholesterol testing. The cost of the tests varies from £3 for blood sugar testing to £20 for cholesterol testing.

On average Mr Talabani estimates he provides up to 10 tests per week for various conditions. To set up the diagnostic services it costs on

average £250 to £300 per store. This covers staff training, marketing and staff vaccinations, but not equipment costs.

Forward thinking Mr Talabani says: "We anticipated a change in culture and the way in which people perceive these services and we like to be ahead of the game." Bringing these enhanced services to the pharmacy has helped to increase business due to referrals from GPs, including those outside of their normal working area, along with an increase in visits from existing customers.

But how do patients react when confronted with the pharmacist branching out from the traditional dispensing role? Initially, says Mr Talabani, customers had mixed reactions when they were introduced to the services.

"The biggest hurdle that we faced was customer acceptance. Most people were happy but we did have a few reluctant customers – it was a change that not many people fully understood. But the approach we now take is to introduce the services in a more 'non-clinical' manner, such as introducing them as 'health monitoring services'. This has allowed people to respond to them with a more positive attitude."

Of course, life would be easier with a second pharmacist, but money dictates that for most this is not an option yet. Mr Talabani says he would like to see pharmacy technicians trained to perform the services such as diabetes and cholesterol testing.

Mr Talabani has begun training his technicians to perform the simpler tests such as cholesterol, diabetes and blood pressure testing, and he says if they were to be trained fully it would reduce the need for an extra pharmacist and would also allow them to manage time more efficiently.

"One problem we have had is actually catching the patients at convenient times to do the tests. People are interested and want to do the tests but if we are unable to book them in there and

then, which is often due to lack of staff, they often don't come back."

Mr Talabani suggests if anyone would like to start diagnostic testing they contact their local PCT to see what support they can give, but also contacting an equipment supplier as they will be able to deliver all of the required resources and information. ►



Kossar Talabani (left) at Monarch Pharmacy, with Sandra Topping and Ketan Gravat



Diagnosis of the future

Advances in diagnostic testing have led to a new diagnostic system which has been approved by the US Food and Drugs Administration, which measures blood glucose levels continuously for up to seven days in people with diabetes. A disposable sensor is placed just below the skin in the abdomen to measure the level of glucose in the fluid found in the body's tissues.



TOOTHBRUSHING TECHNIQUES

Q HOW OFTEN SHOULD I BRUSH MY TEETH?

A You should brush your teeth twice a day, once in the morning and once before going to bed at night.

Q WHAT IS THE CORRECT WAY TO BRUSH MY TEETH?

A Starting at one side of the mouth gradually work around the mouth and ensure that the inner and outer surfaces are all brushed. Place the bristles of the brush at the junction between the teeth and gums, angling them towards the gums. Brush each surface of every tooth.

Small children should have their toothbrushing supervised

Q WHAT SORT OF TOOTHBRUSH SHOULD I USE?

A Everyone needs to use a toothbrush that allows access to all the surfaces of the teeth. Dental professionals recommend the use of small, narrow headed brushes, which allow access to the back teeth. Dental professionals will also recommend different textured bristles to suit individual requirements including ultrasoft bristles for patients with sensitive teeth.

Q HOW OFTEN SHOULD I REPLACE MY TOOTHBRUSH?

A You should replace your toothbrush every three months or before if you notice that the bristles are beginning to splay. A toothbrush with splayed bristles does not give you an effective clean.

Q HOW CAN I ENCOURAGE MY CHILDREN TO BRUSH THEIR TEETH?

A Teaching your children to brush their teeth properly from a very young age will set daily habits that they will carry on into adulthood.



For further information on oral care and the Colgate range of dental products visit www.colgatepharmacy.co.uk



Nicola Matlock giving Donald Chatfield a health MOT



Tests available in pharmacies

- body mass index (BMI) testing
- cholesterol testing
- peak flow asthma testing
- diabetes testing
- blood pressure
- blood glucose
- INR
- osteoporosis scans
- pregnancy testing
- *H Pylori*
- allergy and food intolerance testing.

Case study two

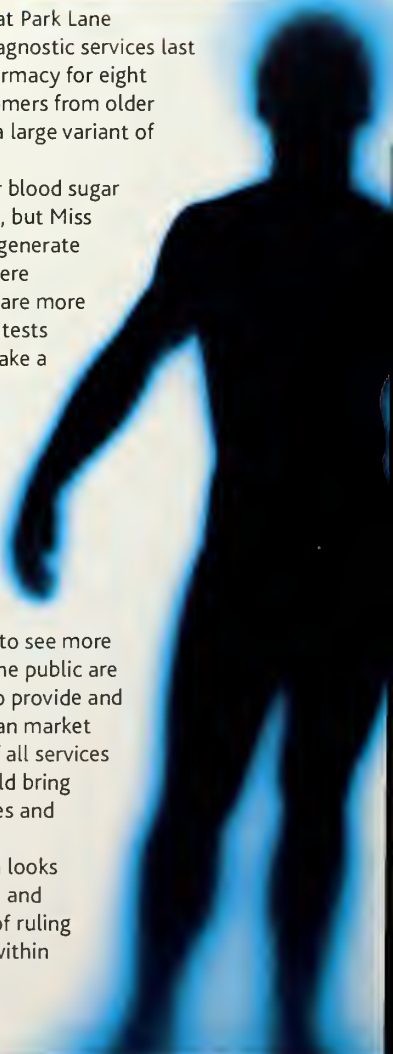
Nicola Matlock, pharmacy manager at Park Lane Pharmacy, Carshalton, introduced diagnostic services last June. "I have been managing this pharmacy for eight years now and we have regular customers from older people to younger mums – we have a large variant of people who come into the store."

Prices of the tests vary from £3 for blood sugar testing to £20 for cholesterol testing, but Miss Matlock has reduced some prices to generate interest, as some of her customers were sceptical. "In a society where people are more health orientated, we are finding the tests are a great service to provide. It did take a lot of work to get the message out there but now it is something we do on a regular basis."

Miss Matlock has found patients request blood pressure monitoring more than any other service.

Pharmacists need more funding when it comes to enhanced services due to the lack of staff, says Miss Matlock. "I would also like to see more support for pharmacists in general. The public are often not aware of the services we do provide and there is only so much time that we can market ourselves. If the public were aware of all services available in pharmacies, funding would bring itself in through the enhanced services and MURs."

The government's self-care agenda looks set to continue under Gordon Brown, and even with a potential future change of ruling party, as the NHS struggles to keep within its budgets. So pharmacy's role as a diagnostic provider looks set to become increasingly important.





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INNOVATION**



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Your views

For loyalty, build your brand

Careful selection of own-brands can increase customer loyalty, says Helen Groves of Numark



We all feel good when we've got a

good deal, that buzz of getting a bargain, especially when we've had to fight for it.

Independent pharmacists are no different, feeling very satisfied when they've managed to negotiate a great price with a rep. So what's wrong with that? Well, nothing – if it's about

running your business in the most efficient way, balancing your overheads and outgoings against the potential profits. But I see a lot of pharmacists who focus too much on the short-term gain and don't consider the longer-term impact on their business.

For instance, how long has it taken to clinch that deal? Wouldn't your time be better spent building relationships with your customers than trying to slice a couple of pence from a new line? Remember our one true differentiator: you, the local community pharmacist.

Many independent pharmacists stock OTC goods based on the cheapest available, which means selling some generic packs as OTC products. The packs don't look particularly good to the consumer and, more importantly, they don't encourage any loyalty back to the pharmacy. The 'quick win' of buying in cheaper stock will show up more

quickly on the bottom line, but in the long run you could be eroding your profit potential.

Sometimes own-brands may not be the cheapest option available, but they can allow you to earn higher profit margins than on the branded equivalents plus, by offering a true own-label, tie in the customer to you and your pharmacy.

I know some pharmacists who are members of every buying group available to them. They're frightened of missing out on something – and that's understandable when you don't have the protection of one of the large chains. But they never really take full advantage of anything that's offered to them. Offering too many brands as your own-brand does nothing but confuse the consumer and also takes up valuable shelf space.

Our biggest threat in the OTC market – the supermarkets – see own-brand as a very powerful

weapon in gaining consumer loyalty and market share. You don't see Asda selling Tesco own-brand, do you? And if they did, it would be commercial suicide.

What makes sense is to stick to one own-brand plus perhaps the two brand leaders for a product – and increase facings – rather than offer too many brands. This would also provide a display with more impact and make it easier for consumers to shop, as it saves products being merchandised sideways-on and crammed on shelves.

Numark own-brand is a quality product range and only available from Numark pharmacies so offers our members a USP, which is vital when competing for business. We appreciate how important loyalty is to independent pharmacies and that's why we continue to invest in an own-brand range for our members.

Helen Groves is Numark brand controller

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Please send your C.V. to:

Janie Pilkington (Personnel Manager)
Burrows and Close Limited

5 Charles Way, Bulwell, Nottingham, NG6 8RF
E-mail: janiepilkington@burrowsandclose.co.uk

Closing date is 6th July 2007

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Please view our website on www.manimoss.co.uk for details of locations.

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Mrs Christine Milton, Practice Manager

Barn Close Surgery,

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Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas. All turnovers/ size of group considered. High Premium Paid. All information will be treated with the strictest confidence. Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394

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 ...Lottie in hand, heads for the garden while Mrs P plans the menu

The Pink Plonker

Just thinking about a barbecue or a summer picnic gets the gastric juices flowing but what about the drinks? Well for the macho bloke in charge of the sausages it has just got to be beer. Matching wine to outdoor food is just about as easy. You need something light, not too demanding and if it happens to fizz, even better – exactly what rosé wines are made for.

I've never quite understood why the English don't just call it pink wine. We have red and white wines so why not pink? Perhaps our attachment to the word rosé started in the 1960s when Portugal's revenge, aka Mateus Rosé, was just about the most glamorous wine around; actually it was just about the only wine around!

It's the French, however, who lead the world in producing good quality pink wines. My favourites come from the southern Rhône where, just north of Avignon, you'll find the little village of Tavel, centre of the rosé world. If you happen to be travelling in Provence, break my golden rule, take a diversion, buy a case from the locals and bring it home.

There's a lot of confusion about rosés and although it seems a bit too obvious, they can be made by simply mixing red and white wine until you get a pretty pink colour (this is nearly always the case for pink champagne). However, the more common technique is something called short maceration, which means crushing dark skinned grapes then leaving the skins in contact with the juice just long enough to colour it pink. The solid bits in the goo are separated and the juice fermented as though making white wine in the normal way. Compare this to red wines where the whole lot, skin, pips and bits of stem all get chucked into the fermentation vat.

One of the great things about rosé is that you don't have to be a wine buff to enjoy it. It goes with just about any summertime food and the simple sight of a full glass of cheerful pink plonk is guaranteed to make you smile. Here is a selection for you to try, scored out of 10 as usual for enjoyment, value and repeat buy:

Deal of the month Buy-by-the case merchant Majestic has got 20 per cent off all its Italian wines throughout the summer. A Gavi La Toledana 2006 at £5 99 particularly caught my eye, well worth exploring.

Marketing abomination of the month

Apparently the champagne producer Piper-Heidsieck is about to launch its summer campaign with something called Piscine – a serving suggestion that mixes champagne with (wine) I don't think they've worked out how to pronounce the French for swimming pool either! My suggestion is to drink champagne before it gets warm, go to the beach and get yourself another glass!

- Shelmerdine Rosé 2006 Oddbins £9.99 (8-8-7). This is actually a very classy wine, made from 100 per cent Pinot Noir grapes by a chap called Stephen Shelmerdine whose dad Ross was one of the pioneers of the modern Australian wine industry – you may have heard of his Mitchelton Winery in the Yarra valley. Red summer fruits such as strawberries and a bit of oakiness are all in the flavour – lovely.
- Ochoa Rosé £5.99 from Booths Wines (www.boothswines.co.uk). Rather more complex and satisfying than most, a good all rounder at the price (7-7-7).
- Routas Wild Boar Rosé 2006 £8.50 Independent merchants (7-7-6). From another lovely area of Provence, this light, refreshing and surprisingly dry wine is just made for simple, uncomplicated summer pleasures.
- Tesco came up with a Californian cabernet rosé, which got rave reviews from the younger palettes in the Plonker clan; they actually drank it outside despite a temperature of 14°C! Made by Beringer

Vineyards, it costs £5.99 and scored 8-8-8 on the Plonker scale.

- Stoneleigh Rosé 2004 Oddbins £6.99 (8-8-8). Another Pinot Noir, this time from New Zealand. This is a real classic and fantastic value. Surprisingly rich and packed with raspberry, strawberry and cherry flavours. Both this and the Shelmerdine Rosé are robust enough to stand up to rich (or charred) food from the barbecue.
- Just occasionally a Frenchman gets his branding absolutely right and another Oddbins find, simply labelled Nature!, really stood out. It's a rosé produced by a secretive druid called Michel Escande in the Minervois region of France. Made from a mixture of Grenache, Mourvedre and Carignan grapes, it's fresh, fruity and just complex enough to keep you interested from beginning to end – of the glass that is, not the bottle! At £6.99 we scored it (7-7-7).
- I have to admit that for once, the supermarkets have really excelled themselves. Waitrose is selling a little gem of a wine simply branded 'I', which is a great example of how cheap supermarket wines can be fantastic value. 'I' is an Italian red which tastes far classier than you could ever reasonably expect for its £3.99 price tag. Made in southern Italy, it just explodes with redcurrant, black cherry and spices – my advice is to go out and buy some before they sell it all (8-8-8).
- Booths Wines is selling the fizzy pink version of the 'I' brand at £5.99, perfect for lazy summer afternoons (7-7-7).

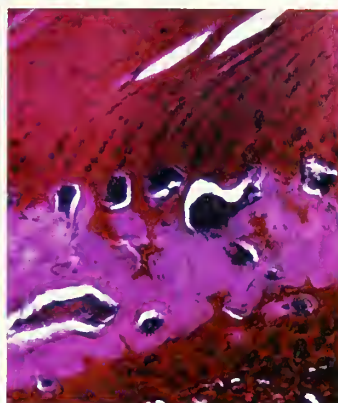
Mrs P's Top Tips for Barbecue Lovers

- 1 Barbecues are a recipe for disaster – blokes + booze + barbecue = first degree burns (and that's just the food).
- 2 Assume it will rain and choose food that can easily be cooked in the kitchen instead.
- 3 Marinate, marinate, marinate – a hot barbecue will dry out even the most succulent of ingredients; try gentle cooking over the dying embers instead.
- 4 Don't even think about using sausages and burgers. Use unconventional ingredients such as tiger prawns, Halloumi cheese, marinated par-boiled potatoes and turkey fillet, which all work well on skewers and cook in no time over gentle heat.
- 5 Don't forget the salads. I prefer to use warm Pilaff rice with interesting bits like nuts and mange tout peas added as well as a simple leaf salad just tossed in olive oil and wine vinegar.
- 6 Try cheering up the inevitable garlic bread with some parsley and black pepper mixed with the butter and garlic.
- 7 And finally, if you have a Plonker behind the barbecue like I do, don't forget to tell him he's the best cook ever. You can always remove tongue from cheek afterwards!

Oh, and don't forget the well-chilled rosé.



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